



**Ormocanon Circle of Southern California**

244 1/2 S. Commonwealth Ave.  
Los Angeles, CA 90004  
Tel. #: (213) 220-3943  
<http://www.ormocanon.org>

**AFFIX  
LATEST  
PHOTO  
(2" X 2")**

**Membership Form**

**Critical Information:**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Tel. Phone #: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Fax phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Optional Information:**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: Single  Married  Spouse's name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Place of Birth: \_\_\_\_\_

**Name(s) of child(ren) if any:**

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

4. \_\_\_\_\_ Age: \_\_\_\_\_

<u>MEMBERSHIP DUES: (check applicable block)</u>	<u>Initial</u>	<u>Renewal/year</u>
• Per Married couple	\$20.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>
• Per Single person (18 years old and above)	\$7.00 <input type="checkbox"/>	\$3.00 <input type="checkbox"/>

Affixed below is my signature signifying my desire to be a full-pledged member in good standing of the *Ormocanon Circle of Southern California*. Attached is a check/money order in the amount of \$\_\_\_\_\_ for my membership dues as noted above for the year\_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

YES, DO  DO NOT  Publish my picture in the organization website.

Check applicable block above whether you DO or DON'T desire to have your picture posted in the club website at <http://www.ormocanon.org> (blank means YES).

The blocks below are for Ormocanon Circle Admin use only. Please do not write in these blocks.		
Received by:	Secretary Received date:	Treasurer Received date: