



Annual Membership Donation Form

Membership level:

- \$50 Family Membership
 \$40 Senior (60+) Membership

Name(s) _____

Address _____

Phone _____ Fax _____

E-mail _____

Please accept my additional donation for:

- \$___ The Orinda Volunteer Center
\$___ The Orinda News
\$___ Trees Fund
\$___ Orinda's 4th of July Celebration
\$___ Disaster Preparedness

TOTAL donation enclosed: \$ _____

Please contact me! I am interested in serving on:

- Orinda Association Board of Directors
 Disaster Preparedness Committee
 4th of July Committee
 The Volunteer Center

My comments or concerns:

*The Orinda Association is a 501(c)(3) organization. Donations are tax-deductible to the extent of the law.
Please note: Membership renewal reminders are sent the month before expiration.*

THANK YOU for your membership in and support of the OA!

Mail this Form with Check to:

The Orinda Association
P.O. Box 97, Orinda, CA 94563
Phone: (925) 254-0800 Fax: (925) 254-8312
Email: oa@orindaassociation.org
www.orindaassociation.org