

VSDC MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____ MI: _____

Organization (if any): _____

Street Address: _____ Apt #: _____

City: _____ State: _____ 9-Digit Zip: _____
(Please look on your Driver's License for 9-Digit Zip)

Home Phone: (_____) _____ Work Phone: (_____) _____

FAX: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____ Year of Birth: _____
Optional (For statistical purposes only), but Required for Seniors.

Type of Vegetarian: (Check One): _____
Vegans do not consume any foods from animal sources. Vegan Raw Food Vegetarian Not-Yet-Vegetarian

How did you originally hear about VSDC? _____
Optional (For statistical purposes only)

I would be interested in helping VSDC by volunteering in the following areas:
 Outreach/Tabling Hosting Events Activities/Events Publicity Technology
 Education Diversity Newsletter Fundraising

Other Volunteer Interests: _____

- Yes! Sign me up as a new member of VSDC. I will get the VSDC News and a membership card that entitles me to discounts at VSDC events and at participating restaurants.
- Renewal application **ALSO**, please check here if your address has changed.
- Gift Membership.** Donor Name: _____

<u>Membership Type</u> (Circle One Amount)	<u>1-Year</u>	<u>2-Year</u>	<u>3-Year</u>	<u>Lifetime</u>
Individual – (I)	\$25	\$45	\$60	\$350
Family – (F)	\$35	\$65	\$85	\$500
Senior (60+) – (S)	\$15	\$25	\$35	----
Student – (T)	\$15	\$25	\$35	----
Low Income – (W)	\$15	\$25	\$35	----

If family, please list all member names _____

Additional tax-deductible contribution for VSDC's vital work: \$ _____
Tax-deductible as long as **NO** goods or services are received by the donor from VSDC

Please make your check payable to **VSDC** and send this form, along with your payment, to:

Vegetarian Society of D.C.
P.O. Box 4921
Washington, DC 20008-0121

Questions? Please call: 202-362-VEGY (8349) or E:mail: vsdc@vsdc.org