

Name _____

Address _____

Phone _____ Email _____

Please send newsletter by: Regular Mail E-Mail Both

Party guest name(s) for name tag:
(Please Print Clearly)

Sept 2009 - Sept 2010 Membership dues:

Single member (1 person)	\$12	\$ _____
Household member (2 or more persons)	\$20	\$ _____
Voluntary contribution to OTCA		\$ _____

Cherry Blossom Party tickets:

Party Ticket for OTCA member(s)	\$25. per ticket	\$ _____
Party Ticket for non-member guest(s)	\$30. per ticket	\$ _____
Total Amount Enclosed		\$ _____

Make checks payable & return to: OTCA, P.O. Box 1213, Alexandria, VA 22313