



Membership Form

Membership Type:	<input type="checkbox"/> Single \$20	Newsletter Delivery Method:	<input type="checkbox"/> Email
	<input type="checkbox"/> Couple \$30		<input type="checkbox"/> Postal \$10 Fee
Name 1 (Last, First):			Birthday 1 (Month/day)
Name 2 (Last, First):			Birthday 2 (Month/day)
Address, City, ST, ZIP			
Email1:		Phone: ()	
Email2:			
<p>Note: This information will be used for group mailings only. We publish a semi-annual Membership Directory (in June & Dec) and you will have an opportunity to choose if your information is included at that time. We <u>never</u> share our email or mailing lists with other organizations.</p> <p>Mail to: Dulles Triangles Post Office Box 3411 Reston, VA 20195</p> <p>Apply and Pay Online! http://dullestriangles.com</p>			