

Office Update (please print clearly)

Please complete this form and give to an usher.

Today's Date _____

Title: Mr. Mrs. Ms. Dr. Other _____

First MI Last

Marital Status: Married Single

Date of Birth _____ Are you a partner at OVC? (Completed Membership) _____

Address _____ City _____ Zip _____

Contact Information

Phone: Day _____ Cell _____ Home _____

E-mail: _____

Spouse:

Title: Mrs. Dr. Other _____

First MI Last

Date of Birth _____ Are you a partner at OVC? (Completed Membership) _____

Contact Information

Phone: Home _____ Unlisted? Y N Work _____

Cell _____ E-Mail _____

Children at home:

Name _____ Male Female Date of birth _____

Email _____ Cell Phone _____

Name _____ Male Female Date of birth _____

Email _____ Cell Phone _____

Name _____ Male Female Date of birth _____

Email _____ Cell Phone _____

Name _____ Male Female Date of birth _____

Email _____ Cell Phone _____

Employment/profession _____

Skills/Abilities _____

Volunteer positions at OVC _____

Spouse:

Employment/profession _____

Skills/Abilities _____

Volunteer positions at OVC _____

Emergency Contact: Name _____ Phone _____

Are donations to be as joint husband/wife or individual? _____

Businesses - Are contributions to be designated to the business name? _____