

Davidsonville Area Civic Association

P.O. BOX 222, DAVIDSONVILLE, MARYLAND 21035

www.daca-md.org | info@daca-md.org

I would like to be a member of DACA and receive THE VILLAGER. At \$10 per year for each person, my check for \$_____, payable to DACA, is attached for membership for _____ person/people for _____ year(s). Also enclosed is my optional contribution of \$_____ to help DACA with the expenses that are incurred in the effort to maintain the quality of life that brought us to the Davidsonville area and to help guide the growth and development of our community.

I understand that dues and contributions to DACA are not tax-deductible.

Date _____

Name(s) _____

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Street address

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Optional: Please share any comments, interests or questions. (If needed, use the back of this form.)

Mail this form to the address above.