# 2011 GOCA MEMBERSHIP www.goca.org

Due on or before **January 31** - Mail to: GOCA, Box 212, Olney, MD 20830

**Association Name:** **Date of Completion:**

Association Website:

***(IF APPLICABLE)*** Management Co. (or Treasurer):

Business Address:

City/State/Zip:

Mgmt. Contact & Phone:

**Email for Correspondence:**

**Dues Remitted: $** **Number of Homes:** (<100: $50, $75, 300+: $100)

**Date/Frequency of Meetings**: ____________________ (Please indicate monthly, quarterly or annually)

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**Association President:**

GOCA DELEGATE _________YES _________NO

Address:

City/State/Zip:

Phone: .

**E-mail Address:**

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**GOCA Delegate #1:**

Address:

City/State/Zip:

Phone:

**E-mail Address:**

**ALTERNATE Delegate #1:**

Address:

City/State/Zip:

Phone:

**E-mail Address:**

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**GOCA Delegate #2:**

Address:

City/State/Zip:

Phone:

**E-mail Address:**

**ALTERNATE Delegate #2:**

Address:

City/State/Zip:

Phone:

**E-mail Address:**

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***Note***: Your designated **"Alternate"** can only vote if your Delegate is not present

## OLNEY DAYS CELEBRATION & FIREWORKS

Our organization will support Olney Days with an **additional contribution** of **$ __________**

***Thank-you for your support of GOCA!***