



New Patron Application

*Thank you for applying to be an ODACA Patron. We value your support and welcome your ideas to make our organization stronger.
Patron Member Dues are \$20 per year.*

Please return this completed form and your check to treasurer (or pay by PayPal on odaca.org - Click the Patron button and scroll down:

Cat Woody • 19811 Timberfield Pl. • Katy, TX 77449

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Website: _____ Facebook/Blog: _____

Year you are becoming a Patron member of ODACA _____

Are you willing to help ODACA in any capacity? Yes ___ No ___

If YES, please check all the areas that apply in which are willing to serve: *Check as many as you need.*

Patron Chair ___ Expressions Newsletter Editor ___ Expressions Article Contributor ___ ODACA Day Committee Member ___

Why do you want to become an ODACA Patron?

As a Patron Member, what would you like to see ODACA do for you? (use separate pages if necessary)

Please describe any expertise or experience you are bringing to our organization:

-- New Patron Volunteer Opportunities --

Would you be willing to serve or help during this year? Yes _____ No _____

If YES, please check all the areas that apply in which you can help: *Check as many as you need.*

I will be attending ODACA Day _____ Help on ODACA Day _____ Bring/send Helper item _____

Help sell Helper Tickets _____ Help set up in morning _____ Take photos at ODACA Day _____ Help where ever I am needed throughout ODACA

Day _____ Serve as Patron Chair _____ Serve on the ODACA Day Committee _____ Help ODACA throughout year _____ Serve as Historian _____

Assist with Publicity _____ Be an Activities Reporter (for *Expressions* & website) _____ Serve as *Expressions* Editor _____

Write one article for *Expressions* _____ Write a quarterly column for *Expressions* _____ Attend other ODACA sponsored events _____

Help at other ODACA sponsored events _____

Other ways I can volunteer: _____

For office use only:

Method of Payment:

_____ Check # _____ Date Received _____

_____ PayPal