

Enrollment Form

I, the undersigned,

Full Name :

Born on : in

Profession or occupation

Home Town : Subdivision : Division :

Identification #: delivered on : State

Home Address :

Mailing Address :

(Leave empty if same as home address)

Phone # : E-mail :

Person who can make decision on my behalf *(Name and Address)*:

.....
.....

Married ?YesNo. If Yes, Name of your partner.....

Number of minor children (21 or younger)

If you have children, a separate form will be provided for their enrollment as DOCO children.

Enrollment fees payment method (\$20.00)checkcash, paid on

Hereby affirm that I am committed to scrupulously observe and abide by the rules and norms set forth by the DOCO Bylaws and the Internal Regulation and will be a major actor into its progress toward excellency.

Done in Columbus, OH, on

The General Secretary

The Requestor