

2025 MEMBERSHIP FORM

Annual Membership is per household and runs from January 1st through December 31st.
(* Required Fields)

NAME: * _____

ADDRESS * _____

CITY/STATE/ZIP* _____ PHONE* _____

EMAIL * _____

Household Members _____

MEMBERSHIP TYPE

___ Resident Membership -- (OPA Property Owner)

___ Associate Membership- (Lease/Rent/ Non-Resident)

PAYMENT INFORMATION

Annual Dues: \$100.00

Contribution: _____ Personal Note: _____

Total: _____

**Please make checks payable to:
ORANGE PARK ASSOCIATION OR Pay Online at orangeparkacres.org**

VOLUNTEER OPPORTUNITIES

I am interested in:

- _____ Events/Fundraising
- _____ Trails/Adopt-A-Trial support
- _____ OPA committee member
- _____ Other: _____

Thank you for your support with the preservation and protection of our unique community. We appreciate your membership.

Your OPA Association Board Members

Mail to: Orange Park Acres , PO Box 2293, Orange, CA. 92859