

Please fill out completely and legibly.

Thank you for your membership.



OIPOA
P.O. Box 8126
Ocean Isle Beach, NC 28469
2024 Dues: \$40.00

Renewal _____ New Member _____

Office Use Only	
Code:	_____
Check #:	_____
Amount:	_____
Paypal Amount:	_____
Cards:	Mailed or Picked Up

Name: _____

Mailing Address: MUST GIVE CURRENT MAILING ADDRESS TO RECEIVE MEMBERSHIP CARD(S).

Street: _____

City, State & Zip: _____

Ocean Isle Beach Property Address: _____

Phone #: _____ Email Address: (For Newsletter) _____

Full name is required for each membership card requested below

Names for Membership Cards:

1. _____

(You are entitled to two cards.)

2. _____

Names for additional cards:*(\$5.00 per additional card

1. _____

2. _____

3. _____

4. _____

2024 Membership	\$	40.00
Additional Cards	\$	_____.00
Total	\$	_____.00
Payment Method: Check_ Paypal _Cash__		



There will be a \$35 fee for all returned checks.