MAIL-IN MEMBERSHIP

APPLICATION

Name

Spouse/partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional family member at same address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreeing to receive meeting notices by email saves the Club money.

Dues: $40 per person.

$70 per couple

$30 for additional family members at the same address

Date Dues Paid

Total Paid

Mail application and dues to:

SVAC

P. O. BOX 738

Harrisonburg, VA 22803