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