



P.O. Box 127
Boyce, VA 22620
540-837-1080

Application for Membership

Name: _____

Spouse/ Partner: _____

Address: _____

Home Phone: _____ **Cell Phone(s):** _____

Email(s): _____

Occupations: _____

Children's Names and DOB: _____

Membership Category (Please circle one)

Full Family

Two-in-Family

Individual

I/We understand and agree to the following stipulations: Application requires sponsorship by two current Members who have been Members in good standing for at least one year. The application will be posted for a period of ten days so that any Member may comment. The Board of Directors

will vote on the application, and acceptance must be unanimous. The full initiation fee payment must accompany the application: \$5000 for Two-in-Family or Full Family memberships, \$4000 for an Individual membership. Initiation fee payments will not be deposited until the Candidate is approved by the Board of Directors. In the event the Board does not approve the application, the initiation fee payment will be returned to the Candidate. The obligation to pay dues and any assessments currently in effect is established upon billing, and membership becomes effective upon receipt of your payment.

Signature **Date**

Signature **Date**

Sponsorship by Current Members

We present personal letters of sponsorship with this application. We will introduce the Candidate(s) to the Board of Directors at a social mixer scheduled by the Board.

Signature **Date**

Signature **Date**