

GREATER LEXINGTON NEWCOMERS CLUB

APPLICATION FOR NEW MEMBERSHIP

I certify that I have been a resident of Rockbridge County for no more than 5 years, and that I am presently residing in Rockbridge County or have a Rockbridge County mailing address (or a city or municipality in Rockbridge County).

Date of Application: _____

Last Name _____ First Name _____

Spouse or Partner Living in Same Household: _____

Last Name _____ First Name _____

Address _____

City _____

Zip code _____ Telephone (_____) _____

Email address _____

Signature _____

Dues: Membership dues are \$15 per person. The Club year runs from September through August. Members joining at or after the March meeting will pay one-half the annual dues rate.

Amount enclosed: _____

Make check payable to: **Greater Lexington Newcomers Club**

Mail to: Marilou Schindler, Membership Chairperson
160 Pear Blossom Lane
Natural Bridge VA 24578