



P.O. Box 7054
Richmond, Va. 23221-0054

MEMBERSHIP APPLICATION

NAME: _____ **DATE OF BIRTH:** _____

CO-APPLICANT: _____ **DATE OF BIRTH:** _____

ANNIVERSRY DATE: _____ (if applicable)

ADDRESS: _____

PHONE: _____ **EMAIL:** _____ *

This is an all volunteer organization and members are encouraged to assist with various activities that it sponsors. You may be called to assist with an activity where you have indicated an interest.

<input type="checkbox"/> Antiques	<input type="checkbox"/> Concerts	<input type="checkbox"/> Movies at Theater	<input type="checkbox"/> Running
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Dancing	<input type="checkbox"/> House Parties	<input type="checkbox"/> Singing
<input type="checkbox"/> Billiards	<input type="checkbox"/> Board Games	<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Hiking
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dining Out	<input type="checkbox"/> Music/Play	<input type="checkbox"/> Opera
<input type="checkbox"/> Bridge	<input type="checkbox"/> Flea Markets	<input type="checkbox"/> Museums	<input type="checkbox"/> Theater
<input type="checkbox"/> Card Games	<input type="checkbox"/> Gardening	<input type="checkbox"/> Movies at Home	<input type="checkbox"/> Tennis
<input type="checkbox"/> Computers	<input type="checkbox"/> Golf	<input type="checkbox"/> Photography	<input type="checkbox"/> Travel
<input type="checkbox"/> Cooking	<input type="checkbox"/> Music/Listening	<input type="checkbox"/> Reading Groups	<input type="checkbox"/> Walking
<input type="checkbox"/> PTCV Organization/Committees			
<input type="checkbox"/> Other areas of interest or talents: _____			

Dues: \$25.00 per person/per year

(rev 09/16/2009)

* If no email address is provided, there will an additional annual charge of \$7.00 to cover postage and handling costs for the monthly newsletter.

By signing below, I certify that:

I am at least twenty-one (21) years old, and that I will not disclose any member's personal information or membership in this organization.

SIGNATURE: _____ **DATE:** _____