

# GREATER LEXINGTON NEWCOMERS CLUB

## Application for New Membership

### **Eligibility**

Club membership is open to residents who have lived in Rockbridge County or any of its municipalities no more than five (5) years when they join. To qualify for Club membership, one must (a) reside within the boundaries of Rockbridge County or one of its municipalities; or (b) have a residence with a Rockbridge address. Having met these requirements, any person wishing to become a member is accepted upon payment of dues.

### **What are the benefits of becoming a member?**

Join and here's what you'll get:

- New friends.
- Three subsidized events: The Holiday Party, Summer Picnic, and Fall Event.
- Ten or more Special Activities a year. Special Activities are one-time events offered on a first-come, first-served basis with costs paid by attendees.
- Interest Groups. Groups meet on a regular basis and include book, card and game clubs, dining in, dining out, wine tasting, yoga, and hiking.
- A newsletter via e-mail ten times a year with club news and information about upcoming events.
- Access the password-protected membership list on the Club website.
- Monthly Coffee Socials along with a brief business meeting and occasional guest speakers.
- A New Members Tea held in your honor when you first join the club.

### **How can I join?**

Join at a monthly meeting or print and mail the New Member Application form along with payment of dues.

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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). At least one member of a couple must meet these criteria. Dues: **Membership dues are \$25 per person.**

Signature \_\_\_\_\_ Date of Application: \_\_\_\_\_

### **Applicant 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Address** \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Email address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Amount enclosed for Applicant 1: \$ \_\_\_\_\_

### **Applicant 2: Spouse or Partner Living in Same Household**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Amount enclosed for Applicant 2: \$ \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Where are you relocating from? \_\_\_\_\_

The Club year runs from September through August. Members joining at or after the March meeting will pay one-half the annual dues rate.

### **Please make check payable to: Greater Lexington Newcomers Club**

Mail to: Barbara Ekin, Membership Chair  
24 Sky View Ln  
Rockbridge Baths, VA 24473