



## Membership RENEWAL Application

Individual Membership [    ]      Family Membership [    ]

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Annual Dues \$18.00 – Individual Membership  
\$24.00 – Family Membership

Send Form & Check (payable to SVLAF) to:  
Leo Callahan, Membership Director  
353 Agecroft Court  
Hampton, VA. 23669-1718

(Membership Year is Nov 1<sup>st</sup> – Oct 31st)

Membership Subject to Approval by the Board of Directors