



Membership Application

Complete this form and enclose a check for \$10 for Individual Membership or \$20 for Family Membership for the current calendar year.

Membership Type (select one)

Individual Membership (voting) \$10 per year

Name: _____ Email: _____

Family/Household Membership (voting) \$20 per year

Names: _____ Email Addresses: _____

Business/Association Membership (non-voting) \$10 per year

Business/Association Name: _____

Contact: _____ Contact Email: _____

North Rosslyn Address:

Street Address: _____

Arlington, VA 22209

Mailing address (if different):

Street Address _____

City State ZIP _____

Your Ideas for the NRCA:

Mail completed form with payment to
(or bring it to the next meeting):

North Rosslyn Civic Association
PO Box 12695
Arlington, VA 22209-2695

OR

E-Mail completed form and you will
receive a PayPal invoice via email. Note
that a \$1 charge will be added to cover
PayPal transaction fees.

eMail: joinnrca@gmail.com

Thank you for your support! Your dues contribute directly to management of the northrosslyn.org website and other administrative management fees.