

SHENANDOAH RECORDER SOCIETY

MEMBERSHIP APPLICATION

Print out and mail to
Shenandoah Recorder Society
c/o Lesslie Crowell
1877 Field Road
Charlottesville, Virginia 22903

Please make all mail in payments by check, payable to Shenandoah Recorder Society

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Phone: _____ E-mail: _____

Family members residing at the same address may receive 50% discount on the second membership, however this rate does not apply to student memberships.

One year: \$20

One year student membership: \$10

Total enclosed: _____

Please check below regarding permission to list your name in the membership roster on the web page.

_____ I do give permission to be listed

_____ I prefer not to be listed