

NAVAL ACADEMY PARENTS CLUB OF NORTHERN VIRGINIA MEMBERSHIP APPLICATION/RENEWAL FORM

Please provide whatever information is currently available to you (we'll contact you later to fill in blanks):

Parent Information: (enter information in the shaded blocks)

First & Last Names of Parents =>			
(as you want them to appear in the Membership Directory. Please note class year if you are a USNA graduate.)			
Title (Dr., Col., CAPT....) =>			
Home Address =>			
Home Phone =>	Home:		
Cell Phone =>	Cell:		
Primary E-mail =>			
Secondary E-mail =>			

Midshipman Information:

First and Last Name	=>				
Nickname (how he/she wants to be addressed)					
Class of	=>		Company	=>	
		Leave blank if unknown			

MEMBERSHIP DUES

Four-Year Membership - includes name tags	(01 June 2009 – 31 May 2013):	\$120
One-Year Membership - does not include name tags	(01 June 2009 – 31 May 2010):	\$40
Fleet Membership - For USNA Graduates Only:	(One time payment)	\$10

NAME TAGS (for PARENTS)

4-Year Membership – 2 name tags are included with the 4 Yr. membership. 1-Year Membership – \$8.00 for each nametag

Parent Names as you want them to appear on the name tags, note your USNA class year if applicable.	
Midshipman First Name & Class Year (if more than one midshipman, list all names and class years)	

VOLUNTEERS

I/We would be interested in working on a committee or becoming a board member for the Parent's Club.....tell me more.

Please mail this completed form and your check to: Kelli Rodriguez 10624 Regent Park Court Fairfax, VA 22030 vidalrod@msn.com	<table style="width: 100%; border: none;"> <tr> <td>Membership fee:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>One -Year Members only: include \$8.00 for each Nametag: # _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total (amount of check):</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Checks payable to: USNAPCNVA</td> <td></td> </tr> </table>	Membership fee:	\$ _____	One -Year Members only: include \$8.00 for each Nametag: # _____	\$ _____	Total (amount of check):	\$ _____	Checks payable to: USNAPCNVA	
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