



MEMBERSHIP APPLICATION

Please print & mail form with check payable to:
CRHC, 900 Barton Street, #111, Fredericksburg, VA 22401

FULL NAME (please print)

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

MOBILE PHONE

EMAIL ADDRESS

Please select a membership category:

- Individual 1 Year - \$35
- Individual 2 Year - \$60
- Family 1 Year - \$50
- Family 2 Year - \$75
- Senior Individual (65+) 1 Year - \$30
- Senior Individual (65+) 2 Year - \$45
- Benefactor 1 Year - \$125
- Benefactor 2 Year - \$200

Please accept my additional donation of:

\$ _____

- I'd like information about sponsor opportunities
- I'd like information about volunteer opportunities