

The Arlington Committee of 100

Application for Membership

(A single application may include two members of the same household)

To the Board of Directors:

As an Arlington County resident or an individual working in Arlington County, I hereby apply for membership in the Arlington Committee of 100. I participate in Arlington County's civic affairs and wish to become active in the Committee of 100, Arlington's principal forum for the discussion of local and regional public affairs.

[Please print. This information will be your entry in the Committee of 100 Membership Directory.]

Name(s): (a) _____

(b) _____

Address: _____

Phone: Home _____ Work (a) _____ (b) _____

Email: (a) _____

(b) _____

Fax: (a) _____ (b) _____

Occupation/Employer(s): (a) _____

(b) _____

Civic Activities: (a) _____

(b) _____

I would like to receive monthly meeting reminders by _____ Email (preferred) _____ US mail _____ Phone.

Date of Application: _____

Please submit completed form with a dues check or money order for \$25 payable to Arlington Committee of 100 to:

Arlington Committee of 100
Attention Membership Chair
P.O. Box 5534
Arlington, VA 22205

For additional information, please visit www.ArlingtonCommitteeof100.org.

Date Received: _____ Dues paid: _____ Date submitted to Board: _____