



## 2019 – 2020 Membership Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

**\*Family Membership --- \$ 55.00**

**\*(Family includes only immediate family members who reside in the same household)**

**Individual Membership --- \$ 35.00**

Family Names and Birthdays of new CVSC member(s)

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Name \_\_\_\_\_

Birthday \_\_\_\_\_

Name \_\_\_\_\_

Birthday \_\_\_\_\_