



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 _____