

Central Virginia Combined Training Association

2010 MEMBERSHIP FORM

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cellular Phone: _____

Work Phone: _____ E-Mail Address: _____

Membership Fee: \$40 (you must be 18 or older to join.)

I join CVACTA in their activities and programs totally at my own risk. I understand that neither CVACTA, its chapters, nor individual Board members accept responsibility for accidents, damage, injury, or illness to horses, riders, owners, spectators, or any persons or property.

Signature: _____

Volunteer Information

Please indicate your areas of interest:

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Show Secretary | <input type="checkbox"/> Show Scoring | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Show Manager | <input type="checkbox"/> Show Program | <input type="checkbox"/> Awards |
| <input type="checkbox"/> Show Scribe | <input type="checkbox"/> Show Runner | <input type="checkbox"/> Clinics |
| <input type="checkbox"/> Stadium Judge | <input type="checkbox"/> Donate trophy to awards program | <input type="checkbox"/> Jump Crew |
| <input type="checkbox"/> Host events at my facility | <input type="checkbox"/> Board Member: | |
| <input type="checkbox"/> Other: Please describe _____ | | |

Membership runs from January 1 through December 31

Please complete this form and mail it with a check payable to CVACTA to:

Laurel Loukx
17204 Parson Road
Beaverdam, VA 23015