

**Central Virginia Combined Training
Association**

2012 Membership Application Form
(Please Fill Out Form Completely)

Name: _____ Under 18? Circle: Y N

Additional Family Members: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cellular Phone: _____

Work Phone: _____ E-Mail Address: _____

Membership Fees: Adult: \$40 Junior (under 18) \$35 Family: \$55

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

Signature(s): _____

(Each Member, or Parent or Guardian if Member is a Minor)

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 for Awards Program	<input type="checkbox"/> Jump Crew
<input type="checkbox"/> Host Events at my facility	<input type="checkbox"/> Board Member	<input type="checkbox"/> Web Site Maintenance
<input type="checkbox"/> Other - Please describe: _____		

Please indicate at which level(s) you expect to compete next year: Non-competing

Intro Beginner Novice Novice Training Preliminary Intermediate Advanced

Membership runs from January 1 through December 31

Please complete this form and mail it with you membership payment payable to CVACTA to :

Sherri Booye
721 Lake Road
Troy, VA 22974