

Central Virginia Combined Training Association

2009 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 by January 1, 2009 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:

Show Secretary

Show Scoring

Newsletter

Show Manager

Show Program

Awards

Show Scribe

Show Runner

Clinics

Stadium Judge

Donate trophy to awards program

Jump Crew

Host events at my facility

Board Member:

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:

Kristine Slovis
18569 Hollowing Creek Road
Beaverdam, VA 23015