

Central Virginia Combined Training Association
2017 Membership Application Form
(Please Fill Out Form Completely)

Name: _____ Date of Birth (if Junior): _____

Additional Family Members (including DOB for juniors): _____

Please include name of CVACTA Member who referred you: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

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 the CVACTA, its chapters, nor individual Board Members or Officers, accept responsibility for accidents, damages, injuries, or illnesses to horses, riders, owners, spectators, or any persons or property.

Signature: _____

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

Volunteer Information

Please indicate your area 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 | <input type="checkbox"/> Jump Crew |
| <input type="checkbox"/> Host Events at my Facility | <input type="checkbox"/> Board Member | <input type="checkbox"/> Website Maintenance |
| <input type="checkbox"/> Other – Please describe: | | |

Membership runs from January 1, 2017, through December 31, 2017.

Please complete this form and submit your membership payment payable to CVACTA to:

Shannon Daily
4422 West Grace Street
Richmond, Virginia 23230
shannon.daily@gmail.com