

CVHA MEMBERSHIP APPLICATION

Date:

Name:

Address:

City, State Zip

Phone: Cell Phone:

E-mail:

Birthday: Birthday: (year is optional)

Individual Membership \$35 Family Membership \$45

New Member Renewal

I wish to receive the CVHA Newsletter via e-mail or U.S. Postal Service (choose **one** method please)

Please make checks payable to CVHA
Mail to: CVHA
P.O. Box 1192
Clovis, CA 93613

Are you a member of the Carriage Association of America? Yes No

(Membership Year runs from January 1 thru December 31. Exception: For those joining on or after October 1 of the current year, the membership will be valid to December 31 of the following year.) Thank you for joining and welcome to our club.