



MEMBERSHIP APPLICATION/RENEWAL/CHANGE FORM

Northern Virginia Country-Western Dance Association



07/2017

P.O. Box 384
Merrifield, VA 22116-0384

Individual Members Only

Name _____ NEW ADDRESS
check here

Address _____ Apt. _____

City _____ State _____ Zip _____

Birthday: Month _____ Day _____ **(Must be 18 years of age)**

Phone: 1st _____ 2nd _____

Email _____

Membership Category

New _____ Renewal _____

_____ 1 year \$18.00

_____ 2 years \$36.00

_____ 90 Day..... Free Trial*

Membership # _____

Make check payable to NVCWDA

Cash Check # _____

Your email address will be used only for official NVCWDA notifications, including membership renewals and announcements.

Please check your preferences on the following questions:

Would you be willing to help with some of our activities during the year? **Yes** ___ **No** ___

Would you like your birthday listed in our newsletter on your birthday month? **Yes** ___ **No** ___

*Trial memberships are only available for those who have never been members.

Today's date _____