



CVFAA  
2024  
**Individual**  
Renewal  
Application

**Individual** Renewal Application Form  
Membership dues are \$20.00 yearly/person.  
(check made payable to CVFAA; do not send cash)

Please complete this form and forward to:

[CVFAASTAFF@GMAIL.COM](mailto:CVFAASTAFF@GMAIL.COM)

or

C.V.F.A.A.  
10221 Krause Rd  
P. O. Box 88  
Chesterfield, VA 23832

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Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
First Name: \_\_\_\_\_  
e-mail \_\_\_\_\_ Contact # \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
FDID: \_\_\_\_\_  
e-mail address: \_\_\_\_\_