

2026 MEMBERSHIP FORM

Membership runs December 1 to November 30



Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please note!

If you do not want your address or contact info listed in the membership directory,
please indicate that on this form below in "Contact Info Restriction."

Thanks!

Membership Type: ☐ Single - \$25.00

☐ Family - \$35.00 (includes all children under age 22 who reside with parents)

Donation (optional) _____

Contact Information Restriction (optional):

☐ I do not want my contact information in the Directory. I understand that CVCA Board members will have access to my contact information.

Please make checks payable to CVCA

Mail to:
Wendy Wells
1401 Rodman Road
Hamilton, NY 13346