

# AVNT Membership Application

September 2024 - August 2025

\_\_\_\_\_ Renewal membership

\_\_\_\_\_ New Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_ (payable to AVNT)

\_\_\_\_\_ \$15 yearly \_\_\_\_\_ \$7.50 (Feb-Jul)

Birthday Month \_\_\_\_\_



P.O. Box 294, Berryville, VA 22611