AVNT Membership Application

September 2025 – August 2026

_____ Renewal membership _____ New Membership

Name _____

Address _____

_____

Phone _____

Email _____

Cash _____ Check# _____ (payable to AVNT)

_____ $15 yearly _____ $7.50 (Feb-Jul)

Birthday Month _____

APPLE VALLEY
NEEDLE THREADERS

P.O. Box 294, Berryville, VA 22611