



# Central Virginia Agility Club

## Membership Application

**\$35 Family, \$25 Single, \$15 Junior Handler (check or cash)**  
(Reduced by \$5 if application is submitted between January and June  
which is the end of the membership year)

Name(s)	
Address	
City, Zip Code	
Occupation	
Email Address	
Home Phone	
Alternate Phone	

Please indicate your interests

	Committee		Committee
	Show		Run Throughs
	Membership		Seminars
	Demo Team		Awards
	Hospitality		Website
	Publicity		

I agree to abide by the Articles of Incorporation and Bylaws and the rules of the Central Virginia Agility Club

Signature of Applicant(s) \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ ( must be CVAC member)

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Please make checks payable to **CVAC** and mail with this form to  
CVAC Treasurer, PO Box 599, Ashland, VA 23005

**Thank you for supporting agility in Central Virginia!**