



2012 MEMBERSHIP APPLICATION

_____ **New Member** _____ **Single \$10**
_____ **Membership Renewal** _____ **Family \$20**

Name	Birthday/Anniversary

Carroll Valley Address:

Home Address (If not resident):

Phone _____ **Email** _____

(Phone numbers and emails are not shared and are for use by the CVCA only.)

Would you be interested in volunteering for Carroll Valley events?

_____ **Yes** _____ **No**

**Do you want to receive quarterly CVCA newsletters
by email rather than U.S. mail?**

_____ **Yes** _____ **No**

Make check payable to CVCA and mail to:

**Carroll Valley Citizens' Association
P.O. Box 302
Carroll Valley, PA 17320**

Thanks! We look forward to seeing you at CVCA events!