| CCHVA Membership Application |
| --- |
| Member 1 |
| Name: |
| Phone: |
| E-mail address: |
| Current address: |
| City: | State: | ZIP Code: |
| Updated Contact Information? YES NO (Please circle) |
| Member 2 |
| Name: |
| Phone: |
| E-mail address:  |
| Updated Contact Information? YES NO (Please circle) |
|  |
| Amount Enclosed: |
| Comments: |
|  |
|  |
| \*Important Notes:  |
| * E-mail address is **REQUIRED** as all CCHVA communication is via e-mail only
* Annual membership dues are $40.00 for one year membership that includes two people from the same household
* Membership year is February 1st – January 31st
* Members who have not paid dues by February 28th will be dropped from the membership list and

**WILL NOT** receive future newsletters or club communications |
| Mail the completed form with annual membership dues to: |
| Central Coast Home Vintners’ AssociationP.O. Box 71Buellton, CA 93427 |