| CCHVA Membership Application | | |
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| 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: | | |
|  | | |
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| \*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’ Association  P.O. Box 71  Buellton, CA 93427 | | |