

CLASSICAL ASSOCIATION OF VIRGINIA

2009-2010 MEMBERSHIP FORM

Please complete the following information:

Status: new renewal

Name: _____

School Affiliation: _____

School Address: _____ Home Address: _____

School Phone: _____ Home Phone: _____

E-Mail Address: _____

Would you like your Newsletter and other CAV information delivered to your school or home address? School Home

Would you like to be added to the CAV E-mail Directory located on the CAV Web Page?
Yes No

Annual Dues for New Members __FREE__ (for the first year)

Annual Dues after 11/1/09(\$15.00) _____

Lifetime Membership (\$240.00): _____

TOTAL ENCLOSED: _____

Please make checks payable to the Classical Association of Virginia.
MAIL REGISTRATION AND CHECKS TO THE CAV TREASURER:
R. Maxwell Meador
472 Oak Point Road
Forest, Virginia 24551