

Date: \_\_\_/\_\_\_/\_\_\_



## RVAHNAVY ASSOCIATION LIFETIME MEMBERSHIP MAIL IN REGISTRATION

Print and send completed form with check or money order payable to:  
RVAHNAVY Association, PO BOX 93, North River, NY 12856-0093

CHECK THE BLANK THAT APPLIES	DUES	TOTAL
New Lifetime Member Registration _____	\$100	_____
Existing Member Lifetime Renewal _____	\$100	_____
Please Indicate Your Shirt Size (S, M, L, XL, XXL, XXXL) _____		

PLEASE PRINT LEGIBLY

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Email: \_\_\_\_\_  
Squadron(s): \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_