

Date: ___/___/___



RVAHNAVY ASSOCIATION 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

| | YEARS | DUES | TOTAL |
|-------------------------|-------|----------|-------|
| New Member Registration | _____ | x \$12 = | _____ |
| Existing Member Renewal | _____ | x \$12 = | _____ |

PLEASE PRINT LEGIBLY

Full Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Squadron(s): _____

Comments: _____
