



AMERICAN VAULTING ASSOCIATION

2006 Individual Membership

*****Please Check ALL Information Listed Below VERY Carefully*****

INSTRUCTIONS: • *One form per member* • Please review the information below and make any changes • Complete Required * sections and include other information as available • Keep a copy of the membership form and cancelled check • Give your coach or your club manager your complete form(s) and one check made payable to your club. If you are not sending membership through a club, please make a check payable to AVA and mail to AVA, 8205 Santa Monica Blvd., #1-288, West Hollywood, CA 90046 or fax to 323/654-4306 and include the credit card information below.

MEMBERSHIP: [] \$40 Youth [] \$40 Adult [] \$125 Family (Adult) [] \$0 Family (Youth)
*(*under 18) (*18 & Over)*
[] \$25 Alumni [] \$100 Contributing [] \$300 Benefactor [] \$750 Life (new) [] \$0 Life (current)

*First Name: _____ *Last Name _____ Date of Birth: _____
*(*Required for Vaulters)*
*Street Address: _____ *City: _____
*State: _____ *Zip: _____ Email: _____
(Indicate email address only if email is checked)
Home Ph: _____ Work Ph: _____ Fax: _____
*AVA Registered Club of which you are a member: _____
(Write "Independent" if not a member of an AVA Club. All Vaulters Members under 18 MUST be members of an AVA Recognized Club.)
Club registered with last year: _____ First Year AVA Registered: _____
*Sex: [] Male/Female *US Citizen: [] Yes/No AVA# _____ AVA Rating [] USEF #: _____
*(*Required for Vaulters) (*Required for Vaulters)*
AVA Medal History: _____
Include date highest medal earned

Check all that apply: [] Vaulter [] Coach [] Longeur [] Parent [] Vaulting Horse Owner [] Special Needs
Memberships: [] 4-H [] USPC [] NAHRA [] CHA [] GSA [] Other: _____

SEND: [] *Vaulting World* - First Class: \$15 extra (if not checked *Vaulting World* will be sent bulk mail)

DO NOT SEND: [] AVA Rule Book [] AVA Directory (Adult Members Only) [] *Vaulting World*

DO NOT PUBLISH CONTACT INFO: [] In Online AVA Directory [] In Printed AVA Directory

SUBMIT ONE FORM FOR EACH FAMILY MEMBER
For Youth Family Memberships, please include name of Adult Member in your Family Membership.
For Adult Family Memberships, please include names of ALL Youth Members in Family Membership.
List Members: _____

IF YOU ARE NOT SENDING IN YOUR MEMBERSHIP THROUGH A CLUB:

Please make check payable to AVA and mail to: American Vaulting Association, 8205 Santa Monica Blvd., #1-288, West Hollywood, CA 90046 OR Fax to: 323/654-4306 with the following information:

Credit Card: Visa Mastercard Number: _____ Exp. Date: ____ / ____ / ____

Name on Credit Card: _____ Signature: _____

If billing address or zip on your credit card is different from membership above, please note below: