

Capitol Volkssport Club Membership Application

- Individual \$8
- Family \$12
- Senior (55+) \$6

Name (please print) _____
Address _____
City/State/Zip _____
Phone (land) _____ (cell) _____
Email _____

Please mark any of the following areas in which you have an interest:

- Trail development
- Publicity
- Membership
- Club programs/social events
- Website maintenance
- Support for CVC events

How did you hear about CVC?

- Volkssport event
- Internet
- Friend
- Newspaper
- Other _____

Please return this form with your check to:

Capitol Volkssport Club
c/o Sheila Morrison
6634 Milano Court SE
Olympia, WA 98513