CRVA Membership Application Form

Recommended by:
Member Name _____ Member Signature _____

Personal Details

Name (last, middle, first): _____

Address (current, city state, zip) _____

Tel No home_____ Office _____ cell _____

DOB: _____

Married _____ Spouse Name _____

Children/names/ages _____

Christian Lifestyle Yes ____ No _____
Where do your attend church _____
Are you in a ministry? _____ministry name _____ How long? _____
Reason for interest in CRVA membership _____
_____
Committees of interest at CRVA:
_____
_____
_____
_____
Education/Highest level: _____

What are your natural skills/gifts? _____

Days available to serve: Mon_____ Tues _____Wed____ Thurs____ Fri____Sat____
Time: Flexible_____ Preference _____

Membership Type Check one: **Date: _____**
-Professional $175 _____
-Attorney $175 _____ Lawyer Referral Program Option (yes or no)_____
Attorney Member must ***opt in or out for Lawyer Referral, Rules and Regulations which will then be forwarded to you.***
-Public $50 _____
Dues are paid Bi-Annual

Cash: _____ Check _____
Credit Card no. _____ Exp. _____ Code _____
Name as appear on card _____ zip code _____

Applicant Member Sign Here: _____
Other Preferences/Comments:
CRVA Representative Approval:
Name/Title:_____ Signature: _____ Date: _____
_____