



RVSA MEMBERSHIP FORM 2024 – 2025

Membership is on an individual basis from May 01 thru April 30

Please print form and accompany payment.

NAME:

_____ Birth Date: _____
First Last MM/DD/YYYY

ADDRESS:

_____ Number Street City State Zip

CELL: _____ EMAIL: _____@_____.

Payments accepted:

Zelle® treasurer.skirockford@gmail.com

Checks payable - RVSA

In person or by mail:

Jeff Buchanan
Membership Director
6467 S Perryville Road
Cherry Valley, IL 61016-9738