

Great Falls Volleyball Association Membership Form



\$10/person annual membership dues payable to GFVA

Please mail completed form and \$10 check to the GFVA Treasurer:

GFVA
c/o Tammy Turner
P.O. Box 2629
Great Falls, MT 59403

Once this completed form and membership fee are received, you will be notified by email to verify membership; thus, ensuring your addition to our email list and local directory of players. Thank you for joining GFVA and supporting competitive adult volleyball in our city.

Full Name				
Email				
Home Phone				
Cell Phone				
Work Phone (optional)				
Mailing Address				
City		State	MT	Zip
Signature				
Date				

GFVA Office use only

Amount \$ _____
 Given to _____

Check # _____ Cash
 Date paid ____/____/____