VJSBA New Member Form

New Member Name:			-	Birthday:		
Address:			Phone:	Home: Cell:		
Email:						
Primary Contact Nam	e (Parent/G	uardian): _ -				
Address (If different f	rom above)					
Phone for Contact	Home: Cell:					
Contact Email:				_		
There is no minimum		mbership. Th		— nembership is	s 21.	
Please indicate which be added to the emai	•		hould be ι	used as the pr	imary. All m	ıay
Phone:	Contact	Home Cell	Email:	Contact		
	Member	Home Cell		Member		

Membership Dues are \$5.00 per new member per year and are collected at the Annual VJSBA show.