

COLUMBIA VOLLEYBALL CLUB

MEMBERSHIP

CVC Membership supports this website, the advancement of volleyball opportunities, and the development of players, facilities, and events in Columbia and South Carolina.

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|---|---|
| ☆ Connect with the Volleyball Community | ☆ Save \$\$\$ on CVC Tournaments |
| ☆ Stay Volleyball Informed | ☆ Save \$\$\$ on Balls |
| ☆ Improve Skills | ☆ Receive \$\$\$ for USAVB Nationals |
| ☆ Increase Playing Opportunities | ☆ Use Club Portable Outdoor Nets for Free |

- - - Join Online @ www.columbiavbc.org - - -

ANNUAL MEMBERSHIP APPLICATION (Nov 1 ~ Oct 31)

\$30 Family *
 \$20 Individual
 \$15 Coach ***
 \$15 Military **
 \$10 Student **

* Related by blood or marriage at same address

*** I coach for _____

** Include copy of military or student ID

Primary Member:

Name Date of Birth Male Female
 Address Do Not Publish
 City State Zip
 Home # (land line) Do Not Publish
 Cell # Do Not Publish Work # Do Not Publish
 Email Do Not Publish Skill Level: AA A BB B Jr Rec

Mail to: Columbia VBC
PO Box 1382
Irmo, SC 29063

Additional Family Member:

Name Date of Birth Male Female
 Cell # Do Not Publish Work # Do Not Publish
 Email Do Not Publish Skill Level: AA A BB B Jr Rec

Additional Family Member:

Name Date of Birth Male Female
 Cell # Do Not Publish Work # Do Not Publish
 Email Do Not Publish Skill Level: AA A BB B Jr Rec

WAIVER

In consideration of membership, I, undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Columbia Volleyball Club, it's officers, and it's representatives for any and all injuries suffered by me or my family in any event sponsored by the Columbia Volleyball Club.

Signature _____ Date _____

Signature of Family Member _____ Date _____

Signature of Family Member _____ Date _____