



Please complete and mail to  
 CVHS  
 PO Box 1612  
 Carmel Valley, CA 93924

**PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please choose your membership level.

Individual	Family
\$40	\$60
\$60	\$80
\$80	\$100
\$100	\$200
\$200	\$500
Other	Other
\$20	Student

My check payable to CVHS is enclosed.

Please charge my:

VISA     MasterCard     Discover     AMEX

Credit Card #

\_\_\_\_\_

CVC (from back of card) \_\_\_\_\_ Exp. Date (mm/yyyy) \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

I'd like to make an additional donation of \$ \_\_\_\_\_, for a total of \$ \_\_\_\_\_.

All donations and memberships are tax deductible. CVHS is a non-profit 501(c)(3) organization.