



INDIVIDUAL MEMBERSHIP FORM

First Name _____ MI _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Birthdate _____ Phone _____

Work Phone _____ Cell Phone _____ e-mail# _____

Year last registered _____ (State "new" if first year)

Current Team Name _____ Gender: ___F ___M

Shirt Size: S ___ M ___ L ___ XL ___

Jr. Level: ___U10 ___U12 ___U14 ___U16 ___U18

CLUB FEES: \$ U10; U12 PAID _____

\$ U14; U16; U18 PAID _____

I agree that I am affiliated with the above named team for the current season.
Membership in EIVA and all the rights associated with this volleyball league.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Make Checks Payable To:

(Club Directors will issue one check to EIVA for all members from their club)