

KVAL Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Media of Interest: _____

Would you like to receive your newsletter by (Please check one):

Mail _____ E-mail _____

Dues: (Check one) Single Membership \$35.00 () Family Membership \$40.00 ()
Student Age 13-17yrs. Free () Student Age 18-24yrs. \$20.00 ()

Check Number: _____

Send to: KVAL, P.O. Box 523, Sycamore, IL 60178