Carrabassett Valley Outdoor Association
Membership Application – 2026

For membership through December 31, 2026

Application Date: _____

Check one: ☐ Renewing Member **OR** ☐ New Member * (see below)

First Name(s): _____Last Name:_____

Email address: _____

Second email address (such as spouse)_____

Mailing Address: _____

City, State, Zip:_____

Phones(s): _____

CVOA Memberships:

☐ $15 - Individual

☐ $50- Individual with RANGE ($15 CVOA plus $35 RANGE)

☐ $30 - Family (two or more members, same household)

☐ $65 - Family with one RANGE member ($30+$35)

☐ $100 - Family with two or more RANGE members ($30+$70) (adults or children 13-20)

Family members (other than spouse) over 21 *must* have an individual membership.

CVOA Member Name(s):_____

Range Member Name(s): _____
(include ages of children) (children under age 13 are entitled to a free Range membership, over 21 *must* have individual CVOA/Range membership)

*I hereby give permission for my name to be used in the Newsletter to welcome me (us) as new members of CVOA. Signed_____

Waiver of Liability – MUST be read and signed here: I have read the RELEASE AND WAIVER OF LIABILITY AGREEMENT, and accept the terms for myself and my family members:
Sign: _____Date: _____

Mail your application and your check to: CVOA, Valley Crossing #6, Carrabassett Valley, ME 04947

For CVOA use: date paid: _____ amount: $_____ by ☐cash or ☐check#_____
Received by: _____ Recorded by Secretary: _____

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