



NCAVA Individual Membership Application

January 1 – December 31 of each year

\$40 Annually

An individual may join NCAVA and be eligible for all basic membership benefits. An organization may pay for an individual’s membership but the membership belongs to the individual NOT the organization.

Name: _____

Organization Name _____

Organization Website: _____

Title: _____

Business Address: _____

City _____ State _____ Zip _____

County: _____

Office Phone: (____) _____ Fax (____) _____

Email Address: (print legibly) _____

Of what local NCAVA affiliate are you a member? _____

(ex: Guilford County DOVIA, Henderson County AVA, Volunteer Rutherford, etc...)

This membership is: _____ a renewal _____ 1st time joining

Do you hold the CAVNC certification from NCAVA? _____ YES _____NO

NCAVA Membership must be maintained to retain certification.

Have you ever presented workshops in the past? _____

If yes, what topic(s)? _____

Check this box only if your membership information cannot be shared within NCAVA

Return this form, along with check (made payable to NCAVA)

**Mail to:
NCAVA
Attn: Membership Chair
3434 Edwards Mill Road
Suite 112-347
Raleigh, NC 27612**