



CV-TEC Plattsburgh SkillsUSA
Membership Registration Form

*** Please print neatly***

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|---|-------------------------|
| Name of Student: | |
| Name of CV-TEC Class: | AM/PM (circle one) |
| Home School (circle one): AVCS BCS CHAZY ETOWN KEENE NAC NCCS PERU PHS SAR SETON WILLSBORO WESTPORT ADULT | |
| Home Mailing Address: | |
| Home Phone Number: | Secondary Phone Number: |

Office Use Only

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|-------------------------------------|--------------|
| <u>All members pay \$5.00 dues.</u> | |
| Date Paid: | Received by: |
| Membership #: | |

When form is complete it can be submitted to Mrs. Lennon, Mrs. Barcomb or Ms. Steffens.
You will be given a membership card at our next meeting. Thank you.