



AMERICAN VAULTING ASSOCIATION CHANGE CLUB MEMBERSHIP FORM

Use One Form for Each Club Membership Change

Fee: \$10.00

Name: _____ DOB: _____ USA Citizen Yes No

Address: _____ AVA # _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Vaulter Coach Longer Other _____

1) CURRENT AVA member of _____ AVA Recognized Club

2) CHANGE TO AVA Member of _____ AVA Recognized Club

Signed by Coach or Club Manager of **2)** _____

Make 3 copies: keep one for your records and send 2 to the AVA. Include check payable to AVA.

Mail to: AVA National Office, 1443 E. Washington Blvd #289, Pasadena, CA 91104

OR fax to 323/654-4306 with the following:

Credit Card Type Visa MasterCard **Card #:** _____

Name on Credit Card: _____ Exp. Date: ____/____/____ Security Code: _____

Signature: _____ Date: ____/____/____

If name, billing zip, or phone on your credit card is different from membership above, please note below:

To be completed by AVA National Office

Date: _____ Amount Enclosed: _____ Cash Check # _____

Signature of AVA Office Manager: _____

Note that any vaulter changing clubs after the close of entries for a competition may not vault in a TEAM CLASS for their new club at that competition.