



Application for Membership

**DUES ARE \$20.00/YR PER PERSON. PAYABLE WITH APPLICATION.
INCLUDES QVEA DUES AND INSURANCE.**

NAME _____

ADDRESS _____

CITY _____

STATE _____ **ZIP** _____ - _____

TELEPHONE (_____) _____ - _____

EMAIL _____

WEB PAGE _____

Make Checks Payable to: QVEA

Mail to: QVEA, 180 SOUTH PLUMB RD., MIDDLETOWN, CT 06457