

MEMBERSHIP APPLICATION

1

YOUR CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

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MEMBERSHIP TYPE

Please check one:

____ Active \$20.00 (due on acceptance)

To apply as an active member of COVA:

a) attend two regular COVA meetings. Note the dates of the two meetings you've attended here: _____ and _____.

b) submit this application and a current resume to Garrett Fesler, COVA Membership Chair at: garrett.fesler@alexandriava.gov or mail this form and a current resume to:

GARRETT FESLER, COVA MEMBERSHIP CHAIR
Office of Historic Alexandria/Alexandria Archaeology
Torpedo Factory Art Center #327
105 N. Union Street
Alexandria, VA 22314

c) pay dues upon notification of acceptance for membership.

____ Associate \$15.00

To apply as an associate member of COVA, submit application and dues.

a) submit this application and dues to:

CHRIS SHEPARD, COVA TREASURER
1207 Nottoway Ave
Richmond, VA 23227
cjshepard@email.wm.edu

Please make checks payable to COVA.