ROSS VOLUNTEER ASSOCIATION (RVA) MEMBERSHIP APPLICATION

Renew or join online at: http://www.rvassociation.org

The Ross Volunteers Association is a 501(c)(3) non-profit organization.

No goods or services are received in return for this gift.

CONTACT INFORMATION

FORM SUBMISSION DATE: ____ / ____ / ____

First Name: _____ Middle Name: _____

Last Name: _____ Class Year: _____

Military Branch: _____ Rank: _____
If Applicable *If Applicable*

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Telephone: (____) ____ — ____

Employer: _____ Cell Phone: (____) ____ — ____

MEMBERSHIP LEVELS

Membership Year: 20 ____ ____

☐ FREE - Cadet Senior Year Plus 2 Subsequent Years

☐ $50 - Junior
Bronze Lapel Pin

☐ $100 - Senior
Bronze Lapel Pin

☐ $250 - First Sergeant
Silver Lapel Pin

☐ $500 - Platoon Leader
Gold Lapel Pin

☐ $1,000 - Commander
Gold Lapel Pin w/ Ruby

☐ $5,000 - Life (Paid in 5 Years or Less)
Gold Lapel Pin w/ Diamond, Personalised Plaque, Added to RVA Life Member Platoon Plaque, Name Plate on RV Perfomance Rifle

MATCHING GIFTS

Matching Gift Entity forms must designate following payee information:

Ross Volunteer Association
PO Box 12066
College Station, TX 77842
Tax ID: 81-3153341

Total Personal Donation: _____

Anticipated Matching Gift: _____

Matching Gift Entity: _____

PLEASE NOTE:
Donor must send the matching gift form and this application form, with personal check or credit card information to the RVA address printed below.

Credit Card Payment

Mastercard, Visa, American Express & Discover

Credit Card # ____ — ____ — ____ — ____

Exp. Date: ____ — ____ CVV Code: ____

Name on card: _____

TOTAL GIFT: _____

ENCLOSED AMOUNT: _____

The RVA is a 501(c)(3) nonprofit entity. Donations are tax deductible and eligible for corporate matching gifts.

Please make all checks payable to the RVA and mail to the address below:

Ross Volunteer Association
PO Box 12066
College Station, TX 77842

rva@corpsofcadets.org · 979-828-0099

RVA merchandise available at:
rvastore.core-image.net

For Office Use Only

Payment by Check

Check Number: _____

Date Received: ____ / ____ / ____

Date of Check: ____ / ____ / ____ Total Amount: _____

Your support is appreciated!