

Thank you for your interest in the Composting Association of Vermont (CAV) and in our member benefits. Please print out and fill in this application form to join CAV or renew your membership. Mail it to: Brian Jerose

CAV
1662 Pumpkin Village Road
Enosburg Falls, Vermont 05450

Please include a check for your membership dues. Make checks out to: CAV

Yes, I want to join the Composting Association of Vermont!

I have enclosed payment for my membership fee of:

Name(s) _____
 Business _____
 Title _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____
 E-mail _____



- Large Business \$ 175
- Small Business (<\$100,000K annually) \$ 125
- Consultant \$ 100
- Government/Academic \$ 75
- Non-Profit \$ 50
- Individual \$ 40

Please make your check payable to: Composting Association of Vermont

Membership Request: I, the undersigned, hereby apply for membership in the Composting Association of Vermont (CAV). I have read the mission and goals of CAV and agree to support their fulfillment. I understand that membership must be approved by the Board of Directors. If for any reason my application is not accepted, I will receive a full refund of the dues.

Sign here: _____ Date: _____



Please tell us about you or your business:

Do you want your business listed in the CAV website public access directory? Yes No

I am interested in compost issues related to (check as many as apply):

- Farm
- Research
- On-Site Composting
- Gardening
- Water Quality
- Landscaping
- Education
- Erosion Control
- Other _____

Thank you!