



**Please check one:**

New Members  
 Renewal

**2025 MEMBERSHIP  
APPLICATION/RENEWAL**

**Today's Date:**

**Dues:** \$45 per couple per year.

Make check payable to **Coachella Valley Couples** and mail check and application to  
**Coachella Valley Couples, PO Box 2073, Rancho Mirage CA 92270**

**PLEASE PRINT CLEARLY. A form is required from all members.**

**New members:** please complete the entire form including signatures.

**Renewals:** names and signatures required, along with any updated information.

Name #1: \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_ / \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email: \_\_\_\_\_

Hobbies, interests, specialties: \_\_\_\_\_

Name: #2 \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_ / \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email: \_\_\_\_\_

Hobbies, interests, specialties: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Together as a couple since: Month/Day/Year \_\_\_\_\_

If married: Wedding Anniversary: Month/Day/Year \_\_\_\_\_

Both signatures are required:

Signature #1: \_\_\_\_\_ Signature # 2 \_\_\_\_\_

CVC in no manner subscribes to nor supports discrimination except that individuals under the age of 18 shall not be eligible for general membership. By joining CVC, I release and discharge CVC and the officers from all claims in any manner arising out of property damage and personal injuries sustained by me as a result of participating in any club activity. I waive the right to lay claim for injuries I might suffer before, during or after any club events. Our photographs may appear in the CVC newsletter and/or website as participants at CVC events. I agree to follow all CVC COVID protocols for all CVC sponsored events and activities.