

# VCCA 2010 Membership Application

Name \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Facility Mailing Address \_\_\_\_\_

\_\_\_\_\_

## *Membership Status*

\_\_\_\_\_ New Member (\$12)

\_\_\_\_\_ Renewal (\$10)

## *Membership Type*

\_\_\_\_\_ Professional (see above prices)

\_\_\_\_\_ Student (\$5)

\_\_\_\_\_ Affiliate (\$25)

\_\_\_\_\_ Honorary (Exempt)

## *Committees of Interest*

\_\_\_\_\_ Membership

\_\_\_\_\_ By-Laws

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Website

\_\_\_\_\_ Public Relations

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Received by \_\_\_\_\_

Date \_\_\_\_\_

Method of Payment \_\_\_\_\_