



Virginia Correctional Counseling Association

## SPECIAL 2011 Membership Application / Renewal Application

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
Email: \_\_\_\_\_@[vadoc.virginia.gov](mailto:vadoc.virginia.gov)  
Phone Number plus Extension: \_\_\_\_\_

Are you interested in being on a committee or helping the VCCA?  
Please explain if yes: \_\_\_\_\_  
\_\_\_\_\_

**Special Price through January 31, 2011: \$6.00**

New Member: \_\_\_\_\_

Renewal: \_\_\_\_\_

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Your Receipt: VCCA Membership Fee: Paid  
Received From: \_\_\_\_\_  
Amount Paid: 6.00  
Signed: \_\_\_\_\_