

Date: _____ Name: _____

Address: _____

City, State: _____ Zip: _____


Phone: _____ Cell: _____


Email: _____ Web Page: _____


AREAS OF INTEREST (CHECK ALL THAT APPLY):

- Legislative/Public Policy: State Federal
- Membership Training & Education
- Other: _____

CURRENT ISSUES OF INTEREST (Include Training Topics if appropriate): on back if necessary:**Individual Dues:** \$ 165.00**Additional Donation:** \$ _____ (vaACCSES is 501c3)**TOTAL:** \$ _____

 **Address**
3600 Saunders Avenue
Richmond, VA 23227

 **Local Phone Number**
(804) 210-5679

 **Email**
membership@vaaccses.org

Please note: Individual membership is available for individuals that are not eligible for membership as part of an Organizational or Corporate membership. Individual members have access to all membership benefits other than the right to vote on official association business. The Individual membership dues payment of \$165.00 must be attached with this application in order for membership to be considered. Dues are non-refundable and membership is non-transferable. A \$35 charge will be assessed for returned checks. Membership year is July 1 – June 30. Full dues are required with application at any time. Dues will be pro-rated during the second year of membership.