



Membership Application

Please type or print the VAAP Membership Application below and send it with a check or money order for \$50.00 made payable to "VAAP" to: Jo Tice, CTRS, 8041 Fallbrooke Drive, North Chesterfield, VA 23235. Membership year runs January 1 through December 31. In order to be eligible to vote during an election year, dues must be postmarked by February 15.

Name: _____ Previous Name Used: _____

Position: _____ E-mail(W) _____

Facility: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail(H) _____ Phone: (cell/home) (____) _____

New Member: _____ Renewal: _____ District: _____

VAAP Tax#: 54-1381140

We accept VISA, DISCOVER, MASTERCARD Secure credit card payment through PAYPAL can be made on the VAAP website, www.vaaponline.org under the membership tab. You do not need to have a PAYPAL account to pay online.

Do You Want Your Mail Sent To Your Home or Facility? _____

May VAAP include your name and address on lists that are made available to organizations or companies that may be of interest to you as an Activity Professional? Yes _____ No _____

Membership is granted to individuals. Dues are non-transferable.