

Application for
EDUCATIONAL MEMBERSHIP

I am requesting membership with the Virginia Press Association on an individual basis. I believe I meet all requirements for membership and wish to have my application approved.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Please briefly describe your reasons for making application:

List Virginia college or high school affiliation:

Dues: \$10 annually to be billed in July.

Submit with this application a check or money order for one year's dues.

Signature: _____ Date: _____

Office Use Only:

Approved for membership ___/___/_____

Check rec'd _____

Subscription started _____

Executive Director _____

Rev. December 2006

Mail to:

Virginia Press Association

Membership Committee

11529 Nuckols Rd

Glen Allen, VA 23059