



Membership Application Form

_____ New Member _____ Current Member (renewing)

Please mark the category below that applies to you or your organization for:

- | | |
|--|----------|
| _____ Professional (individual membership) | \$15.00 |
| _____ Individual program membership | \$150.00 |
| _____ Agency membership (three or more programs) | \$400.00 |

Name of individual or Program(s): _____

Mailing address:

E-mail address: _____

Phone number (include area code): _____

Agency or Program contact person: _____

Send completed form with payment made payable to VCRCA to
Deborah S. Dugger
Chesterfield Youth Group Home
9610 Krause Rd.
Chesterfield, VA 23832