



MEMBERSHIP APPLICATION

MEMBERSHIP TYPE	NUMBER OF VIRGINIA (VA) FULL-TIME EMPLOYEES	
CORPORATE	501+	\$2,000
NON-PROFIT	51-500	\$1,000
INDIVIDUAL	11-50	\$400
MUNICIPALITY	2-10	\$250
	1	\$100
	MUNICIPALITY	\$250

NEW MEMBER

RENEWING MEMBER

NAME:

TITLE:

ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

EMAIL:

Please e-mail the completed form to info@vasba.org

Please send a check made payable to VASBA attention:

VASBA Treasurer

PO Box 2121

Poquoson, VA 23662