



STUDENT MEMBER APPLICATION

STUDENT MEMBERS enjoy all the privileges of membership: receipt of publications, services, participation on committees, state and district meetings, and special event registrations at reduced member rates.

STUDENTS IN HEALTH CARE MANAGEMENT OR CLINICAL PROGRAMS

ANNUAL DUES SUBMITTED: \$25

NAME OF INSTITUTION: _____

Student Name: _____

Address: _____

City *State* *Zip Code*

Home Telephone: () _____

Cell Telephone: () _____

Fax: () _____

Email: _____

Hereby applies for Student Membership in the Virginia Health Care Association (VHCA) and the Virginia Center for Assisted Living (VCAL), agreeing to comply with all the rules and procedures as stated in VHCA Bylaws and amendments thereto, and to respect high standards of service.

Endorsed by: _____
(Student Members must be endorsed by a VHCA/VCAL facility representative)

Date: _____

(over)

PAYMENT OPTIONS

Enclose a check or complete the following credit card information

Check___ VISA/MC___ Card # _____

Expiration Date _____

Three Digit Card Verification Code (on back of credit card) _____

Print Name of Cardholder _____

Signature _____

Cardholder's Billing Address

City State Zip

Total Amount Enclosed \$ _____

Please submit dues payment along with this application.

Make checks payable and mail to:

**Virginia Health Care Association
2112 West Laburnum Avenue
Suite #206
Richmond, Virginia 23227
Fax: 804-353-3098**