



Student Membership Application

Student members enjoy all the privileges of membership: receipt of publications, services, participation on committees, state and District meetings, and event registrations at reduced member rates. Qualified applicants are students in health care management or in clinical programs but are not affiliated or employed by non-member long term care facilities/centers.

Instructions

Please complete this form and submit with dues payment.

Name _____ Email _____
Phone _____ Fax _____
Address _____ City, State, Zip _____
If employed, by whom? _____
Signature _____ Date _____

Payment Options

Annual personal associate member dues are \$25.

☐ Check Enclosed (*made payable to VHCA-VCAL*)

☐ MC / Visa / AmEx / Discover

Account # _____

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____

Billing Address _____

(Name) _____ hereby applies for Student Membership in VHCA-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.

For VHCA-VCAL use only.

Endorsed by: _____