



## 2008 Membership Application

Name of Agency \_\_\_\_\_

Please print all information clearly.

Name of Program \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip-Code \_\_\_\_\_

VADAP Contact \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

Program Director \_\_\_\_\_

Type of Membership

Regular (\$150)

Small (<5 staff) (\$75)

New Member

Check Enclosed

Purchase Order

Renewing Member

Make all checks payable to:

**VADAP**

**P. O. Box 25014**

**Richmond, VA 23260-5014**

Please return this form with your check or purchase order. You will receive a certificate with your VADAP Membership Number upon receipt.

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Thank you for becoming a VADAP member!