

VIRGINIA ANIMAL CONTROL ASSOCIATION

MEMBERSHIP APPLICATION

I,		, hereby apply for 1	nembership i	in the Virginia Anir	mal Control
(print name))				
Association (VACA). If accepted, I	will abide by the	e VACA Constitution, By	-laws and Co	ode of Conduct.	
Please check one:					
\$30: Active (ACOs)include	book	MAIL TO: VACA			
\$25: Associate (kennel staff, interested parties)			c/o Meghann Lanier/VACA Secretary 124 Forest Glen Drive		
\$45: Organizationincludes one VACA lawbook			Suffolk, VA 23434		
Please complete the following:					
Jurisdiction/Organization:					
Business Address:					
Home Address:					
Home/Cell Phone: Business Phone:			Preferred Email:		
Method of Payment:					
Bill me Bill my agency		Check/money order (payable to VACA)		VISA	Mastercard
Name as it appears on credit card:	Ca	ard #:		Expiration month/y	ear:

Credit card billing address:	
Signature:	Date:

Membership, which includes the National Animal Care & Control Association (NACA), is one calendar year (January 1st through December 31st)

VACA USE ONLY							
	Date received:	Check #:	Membership Paid Date:	_ ''[gct∢aaaaaaaaa			
	VACA card mailed:	Lawbook mailed:	NACA registration:				
Revised 08/25/15							

Providing a united voice for Animal Care and Control Professionals throughout Virginia! www.vacaonline.net