

Membership Form



Virginia Association of Federal Education Program Administrators

**Complete this form and submit with your payment. No purchase orders are accepted. Checks only.
Membership must be renewed yearly.**

Name: _____

New Applicant:

Renewal:

Title: _____

District/Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Send to:

Carl McDaniel, Treasurer

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Roanoke, Virginia 24031

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