



Virginia Community Colleges Association

Membership Application

July 1, 2008 – June 30, 2009

New Member ____ Yes ____ NO

*****↑*****

Please type or print legibly

Name:
Position:
College:
Campus:
College Contact:
Office Phone: ()
e-mail address:

Membership status: Faculty Rank (\$15.00), Support Staff (\$15.00), Student (\$5.00), Associate (\$5.00)
Commission Interest: Black Concerns, Faculty/Instructional Affairs, Learning Resources, Public Relations & Publications, Student Services, Support Staff
As a member, would you: Volunteer to be a VCCA College Contact on your campus? Volunteer to be an officer on the Executive Committee? Volunteer for an appointed position on the Executive Committee?

Make Check Payable to: VCCA
Please give your check and registration form to your College Contact so all registrations may be mailed together.
Mail to: Rhina Jones, Christanna Campus

Table with 5 columns: For office use only, Cash, Check, Other, and Receipt #. Rows include Date Received and Posted.