



2017 MEMBERSHIP APPLICATION

ENTITY/ORGANIZATION: _____

TYPE OF MEMBERSHIP DESIRED (Please check)

- _____ \$40.00 Primary Membership (one per entity/organization)
_____ \$30.00 Associate Membership (additional persons from same entity/organization)
_____ \$40.00 Industrial affiliate (non-voting members representing the private sector)
_____ \$00.00 New Member (free for the first year)

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Fax No: _____ Fax No: _____

E-mail: _____ E-mail: _____

Membership Type: _____ Membership Type: _____

PLEASE RETURN THIS FORM WITH DUES ENCLOSED TO:

Steve M. LePock, II
Risk Manager
Virginia Beach Public Schools
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Virginia Beach, Virginia 23452
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Fed ID#91-1884770

MAKE CHECKS PAYABLE TO: *Virginia Public Risk Management Association*

OR

Visit our website at <http://vaprima.org/> for a secure credit card payment service through PayPal. A PayPal account is not required. Upon receipt of your email payment confirmation, please email it along with your completed Conference Registration to Steve.LePock@VBSchools.com