

## Virginia Animal Control Association MEMBERSHIP APPLICATION

I, \_\_\_\_\_, hereby apply for membership in the Virginia Animal Control Association. If accepted, I will abide by the Constitution and by-laws and uphold the aims and purposes of the Virginia Animal Control Association.

Please Check One

- Active (ACOs) \$30
- Associate (Kennel staff, interested parties) \$25



Mail or fax 540-882-3984 completed application with check payable to VACA to:  
 c/o Diane Cook-Townsend  
 4500 West Ox Road  
 Fairfax, Virginia 22030

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Name:		Title:	
Jurisdiction:		Signature:	
Business Address:		<input type="checkbox"/> I prefer this address for billing, please bill my agency	
Home Address:		<input type="checkbox"/> I prefer this address for billing, please bill me.	
Phone:		Email:	
<b>If Paying By Credit Card</b>		Expiration Date: (MO/YR)	
Credit Card #			
Name as it appears on Card		Billing numerical and zip	

*Membership (includes NACA) is one calendar year, January 1st through December 31st*

RCVD \_\_\_\_\_ CARDS VACA \_\_\_\_\_ /NACA \_\_\_\_\_ NACA REG \_\_\_\_\_ BOOK \_\_\_\_\_ MAIL ADD \_\_\_\_\_ Membership Paid? Y N