

VACRAO

ASSOCIATE MEMBER

Institution: _____
Primary Contact Name: _____
Primary Contact Email: _____
Primary Contact Title: _____
Address _____

City/State/Zip _____
Phone Number: _____

Admissions
Contact*: _____
Registrar
Contact*: _____
Virginia Tour
Contact*: _____

***Must be VACRAO Member**

Dues are for the membership year January 1, 2014- December 31, 2014

Name	Job Title	Email Address	Phone Number	Fax Number
X				
X				
X				

2014 Annual Institution Dues (up to 2 individual members)	1	\$100.00
Additional Members at \$15.00 each	1	
Amount Due		
Balance		

Partial Payments will not be accepted.

Please visit www.vacrao.org for up to date information on our organization

Please make checks (credit cards CANNOT be accepted) payable to VACRAO and return with this form to -

Sarah Boswell
Office of Admissions
Jefferson College of Health Sciences
101 Elm Avenue, SE
Roanoke, VA 24013

If you have questions, call 540-985-8309 or email srboswell@jchs.edu

Federal Tax Identification Number: 54-136-3652