

# VACRAO

2014 Membership - VOTING 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				
X				
X				
X				
X				

2014 Annual Institution Dues (up to 8 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](http://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](mailto:srboswell@jchs.edu)**

Federal Tax Identification Number: 54-136-3652