

Payroll Deduction Form

Please return this form via mail to:

Membership Chair, Virginia Correctional Association
Association P.O. Box 13384, Richmond, VA 23225

Via Email to: Junewilliams57@hotmail.com

For more information, call 703-224-0115. ACA

June Williams-Hopson, call 540-748-1112 VCA



First Name/Middle Initial	Last Name	Employee ID#

Membership Categories Check one. ☐ Join ☐ Renew

NOTE: Deductions, as well as membership, will continue automatically until payroll department is notified otherwise. Prices are subject to change. After notice of price change, deductions will automatically change unless payroll department is notified to discontinue membership.

Type	Semi-monthly deduction for participating agencies
Professional: \$35/Year (includes Domestic and International members) For those working in corrections, law enforcement or related disciplines serving the corrections industry.	\$1.50*

Member Personal Information In order to process your application, all of the fields on this form must be completed.

Name: _____ Position Title: _____

Address(home/mailling): _____

City: _____ State: _____ ZIPCode: _____

Country: _____ Phone#(Check one) ☐ Office ☐ Cell _____

Email(Personal): _____ Email(Work): _____

Member Agency Information

Agency Name: _____ Agency State: _____

Facility Name: _____

FacilityAddress: _____

Facility City: _____ Facility State: _____ Facility ZIP Code: _____ Facility Country: _____