



Experience the Many Benefits of Membership



Payroll Deduction Form

First Name / Middle Initial

Last Name

Social Security # / Employee ID #

Preferred Mailing Address: Home Business/Facility

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Personal Phone: _____ Work Phone: _____

Agency Name: _____

Agency Code: _____

Job Classification/Title: _____

Signature: _____ Date: _____

Membership Type (Check Appropriate Membership)

Type	Semi-monthly deduction for participating agencies
<input type="checkbox"/> Professional I	\$1.50*
<input type="checkbox"/> Professional II	\$3.25*
<input type="checkbox"/> Executive Gold	\$4.25*

Membership Status
<input type="checkbox"/> New Membership
<input type="checkbox"/> Renewal

***-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.**

Occasionally we make our mailing list available to carefully screened companies.

Check here if you would like your name removed from this list.

Please return this completed form via mail to:

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