



---

## Membership Application

### I. Membership Information

(Please print all information)

\_\_\_\_\_  
Name (first, middle initial, last)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Area Code-Phone (If international, include country and city codes)

\_\_\_\_\_  
Fax (If international, include country and city codes)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### II. Membership Category

Please indicate your membership category of interest:

- General/\*Charter Member (\$50) (\*If in Yr 2001)
- Associate Member (\$25)
- Student Member (\$15)
- Individual Lifetime Member (\$1000)
- Corporate - Sustaining Member (\$500)

### III. Donation \$ \_\_\_\_\_

### IV. Payment of Fees

All payments must be remitted in US\$. Do not send cash. Payment must accompany the registration form.

- Membership effective upon receipt
- Fees payable on a calendar year basis
- VCA is an IRS Section 501 (c) 3 organization.

---

### Check / Money Order Enclosed

(Make payable to Virginia Coalition For Africa)

### V. Send to:

Virginia Coalition For Africa  
P.O. Box 3348  
Hampton, Virginia 23663-0348  
ATTN: Membership Office