



**VIRGINIA STATE CRIME CLINIC INC.  
APPLICATION FOR MEMBERSHIP**

TO MEMBERS OF VIRGINIA STATE CRIME CLINIC:

I Respectfully request that I be granted membership in the Virginia State Crime Clinic. I agree to abide by the constitution and by-laws of the organization.

Please type or print:

Name: \_\_\_\_\_ Rank or Position: \_\_\_\_\_

Agency/Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Active  Retired

Home Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Address you desire correspondence sent: Home  Office

Please provide a brief description of your job function:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the answers given above are true and correct.

\_\_\_\_\_  
Signature Date

**MAIL APPLICATION TO: VIRGINIA STATE CRIME CLINIC INC.  
P.O. BOX #: 301  
PORTSMOUTH, VA 23704**