



VIRGINIA STATE CRIME CLINIC, INC.

Application for New Membership Form

Regular Membership \$100.00 ()

Law Enforcement Membership \$50.00 ()

Retiree Membership \$50.00 ()

****Membership Fee includes all meals for the year.*****

Name: _____

Agency: _____

Business Address: _____

Home Phone: () _____ - _____ Bus. Phone: () _____ - _____

E-mail Address: _____ Fax: () _____ - _____

Position: _____ How Long There: _____

Duties and Responsibilities _____

Previous Employer _____

Position Held: _____ Dates of Employment: From _____ To: _____

Duties and Responsibilities: _____

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. I certify that all answers given above are true.

Signature of Applicant

Member Sponsor

Please do ____ do not ____ list me in the Chapter Directory

Correspondences are e-mailed to the above e-mail address.

Membership Fee: \$100.00/\$50.00. We take Cash, Check, and credit cards for membership fees. If paying by check, please make payable to Virginia State Crime Clinic, Inc.

Mail application and fees to: Robbie Robertson, Treas. VSCC, 193 Trotter Ln, Concord, VA. 24538 -2496

If fees are to be invoiced, please provide the information for an invoice to be sent.

Paid by: Check # _____ Cash: _____ Credit Card:# _____ Exp: _____ Visa or MC

For Board of Directors and Members Use:

Approved: _____ Disapproved: _____ Date: _____ 1st VP _____ Treasurer _____

Crime Clinic Official Signature: _____