



2019 VAHC Membership Application

**Membership dues of \$50.00 are paid per individual and cover a period of one year from annual spring conference to annual spring conference.
May 1, 2019 – April 30, 2020.**

Name: _____

Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

New Membership **Membership Renewal**

Unless otherwise indicated, member information is published on the VAHC website.
I agree to publication of my information: Yes _____ No _____

My signature below acknowledges that I have read and understand the VAHC Code of Ethics (Listed on our website). I agree to adopt and comply with the Codes as part of my continuing membership with VAHC. I further recognize and accept the Board of Directors authority to revoke my membership, without reimbursement, if I am found in violation of the VAHC Code of Ethics and Conduct.

Signature

Date

Please make checks payable to VAHC and return signed application and membership fee to:

VAHC Treasurer
P. O. Box 36241
North Chesterfield, VA 23235

Paying by credit card? Visit our website at www.vahousingcounselors.org to pay by credit card or PayPal. If you have any questions, or need an invoice emailed to you, contact us at admin@vahousingcounselors.org.