

VAHC Membership Application

Membership dues of \$30.00 are paid per individual and cover a period of one year from annual conference to annual conference.

Name: _____

Title: _____

Address (include organization name if applicable)

Phone Number: _____

Email Address: _____

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

**Luanne Gallagher, VAHC Treasurer
c/o CCEVA
3804 Poplar Hill Road-Suite A
Chesapeake, VA 23321**

If you have any questions, please call Luanne Gallagher, Treasurer at (757) 484-0703.