



VIRGINIA PROBATION AND PAROLE ASSOCIATION

Fostering Leadership, Advocacy and Professionalism

****APPLICATION FOR MEMBERSHIP****

FIRST NAME	MIDDLE INITIAL	LAST NAME	EMPLOYEE NUMBER
POSITION / TITLE:			
DISTRICT / WORK LOCATION:			
DISTRICT / WORK MAILING ADDRESS			
WORK PHONE #:	WORK E-MAIL:		
ANNUAL DUES	PROFESSIONAL	ASSOCIATE	RETIRED
	\$24.00	\$12.50	\$25.00

- Professional Memberships offered only to those currently employed in a professional capacity in Community Corrections.
- Associate memberships offered to all with a legitimate interest in Community Corrections.
- Retired Memberships offered only to those retired from a professional career in Community Corrections.

****COMPLETE FOR PAYROLL DEDUCTION****

AGENCY NAME	AGENCY CODE

Signature: _____ Date: _____

Professional Membership dues are \$24.00 a year. Semi Monthly Deductions will be \$1.00 per pay period.

Email this form to: **Shannon McDowney**
shannon.mcdowney@vadoc.virginia.gov

VPPA USE ONLY

Received: _____ Entered: _____ Mailed: _____