

## VIRGINIA PROBATION AND PAROLE ASSOCIATION

Fostering Leadership, Advocacy and Professionalism

## \*\*APPLICATION FOR MEMBERSHIP\*\*

FIRST NAME	MIDDLE INITIAL	LAST NAME	EMPLOYEE NUMBER	
POSITION / TITLE:	1			
DISTRICT / WORK LO	CATION:			
DISTRICT / WORK MAILING ADDRESS				
WORK PHONE #:		WORK E-MAIL:	WORK E-MAIL:	
ANNUAL DUES	PROFESSIONAL	ASSOCIATE	RETIRED	
	\$36.00	\$12.50	\$25.00	
**COMPLETE FOR PAYROLL DEDUCTION**				
AGENCY NAME		AGE	AGENCY CODE	
Signature:	Date:			
Professional Membership	dues are \$36 a year. S	Semi Monthly Deductions wi	ill be \$1.50 per pay period.	
Email this form to: Shannon McDowney shannon.mcdowney@vadoc.virginia.gov				
VPPA USE ONLY				
Received:	Ent	ered: N	Mailed:	