



**Membership Form**

**Instructions:**

- 1) Submit your payment by Credit Card, PayPal, Business Check or Money Order:
- 2) Complete this form
- 3) Return to the VA Shared Services Team at [help@vasharednetwork.org](mailto:help@vasharednetwork.org)
- 4) Questions call (804) 285-0846, M-F 8:30am – 4:30pm

**CENTER BASED**

<b>CENTER BASED</b>			
Business Name			
Center Director Name			
Street Address	City	Zip	County
Center phone number	Center Email		
License Type			
<b>5 additional center staff who will receive subscriptions:</b>			
Name 1	Email 1		
Name 2	Email 2		
Name 3	Email 3		
Name 4	Email 4		
Name 5	Email 5		

**FAMILY DAY HOME**

<b>FAMILY DAY HOME</b>			
Name			
Street Address	City	Zip	County
Phone number	Email		
License Type			
<b>1 additional staff who will receive subscription:</b>			
Name	Email		

**Other**

<b>Other</b>			
Name			
Street Address	City	Zip	County
Phone number	Email		

**Office Use Only:**

Paid Date:	Membership Date:	Payment Type	Payment Amount
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