



Virginia Association of
Personal Care Assistants

Yes, I want to join the Virginia Association of Personal Care Assistants

Membership Application and Dues Payment Authorization

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell Phone _____

E-mail _____

Best time to call _____

I hereby request and accept membership in the Virginia Association of Personal Care Assistants (VAPCA), Service Employees International Union, Local 5, and agree to pay regular membership dues (currently \$10 per month, but subject to change per a membership vote and in accordance with the Local's constitution and bylaws) to the VAPCA, SEIU Local 5. This authorization shall remain in effect unless revoked by me in writing.

Contributions or gifts to VAPCA, SEIU Local 5 are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Signature _____ Date _____



Virginia Association of Personal Care Assistants

I'm going to help lay the groundwork for future growth and strength of our organization by paying more than the \$10 membership fee.

I authorize VAPCA to deduct \$15 \$20 \$25 \$30 **every month from my account.**

Membership Payment Options

Option A: I want to pay by direct debit from my checking account each month (Please include a voided check with this form).

Option B: Please charge my credit/debit card each month.

Card Number _____-_____-_____-_____

Visa Master Card Exp. Date _____/_____

Billing Address (if different from other side of this card) _____

Name (as it appears on your card) _____