



Yes, I want to join the Virginia Association of Personal Care Assistants for good jobs and quality home care.

Membership Application and Dues Deduction Authorization

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

Best time to call _____

SSN: _____ - _____ - _____

I hereby request and accept membership in the Virginia Association of Personal Care Assistants (VAPCA), Service Employees International Union, and authorize Public Partnerships, LLC (PPL) as the fiscal agent of my employer pursuant to its contract with the State of Virginia to deduct regular membership dues (currently \$10 per month, or such amount as set forth in accordance with the Association's bylaws) as certified by the VAPCA, and to transmit the deducted amounts to the VAPCA. This authorization shall remain in effect unless revoked by me in writing submitted to the VAPCA.

Contributions or gifts to the VAPCA, 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
PMB 172, 7109 Staples Mill Road, Richmond, VA 23228 • 800-893-8343