



2010 MEMBERSHIP APPLICATION

Name of Institution _____

Program Administrator(s):

1. * Name _____ Email _____

2. * Name _____ Email _____

3. **Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

Check Type of Membership: (January 1, 2010 through December 31, 2010)

* **Institutional** [] \$ 150.00 ___New ___Renewal

Educational/Training Institutions, which serve the interests and needs of veterans. This includes colleges and universities, community and junior colleges, technical, business, and vocational schools. This membership is limited to no more that two (2) representatives per year.

** **Auxiliary Membership** [] \$ 25.00 ___New ___Renewal

Branch campuses of member institutions or additional individuals within a member educational/training institution. This membership is limited to one (1) representative; however, there is no limit to the number of branch campus or additional individuals which can be added to a member institution. Please use a separate application for each Branch Campus.

Individual [] \$ 150.00 ___New ___Renewal

Individuals from non-member Educational/Training Institutions.

Associate [] \$ 150.00 ___New ___Renewal

Individuals/Institutions and/or agencies involved with programs of education outreach counseling and employment for veterans, and who are interested in and supportive of the goals of the association. This membership is limited to one (1) representative per year.

Please make payable to NAVPA (federal ID# 52-1075537)

Return to: **National Association of Veterans' Program Administrators**
Suite 1975, 2020 Pennsylvania Avenue NW
Washington, DC 20006-1846
ATTN: Membership