VAHS Membership

DATE _____ **New ( ) Renewal ( )**

NAME_____

ADDRESS _____

_____

CHAPTER _____

PHONE _____

E-mail: _____

AMOUNT ENCLOSED

Please check one: [ ] Cash [ ] Check

[] Amex [] Mastercard [] Visa [] Discover

Card #: _____

Expiration Date: _____

*Automatic Credit Card renewal **( ) Y ( ) N**
(Annually on January 1st)

Return to:
VAHS, P.O. BOX 9064
FREDERICKSBURG, VA 22403-9064
Ph: (540) 376-3265
e-mail: vahsonline@gmail.com

Membership Categories:

[ ] **1-Year Sustaining Membership $149.00**
(Includes spouse - New members - 2 VAHS pins)

[ ] **1 Year Basic Membership $ 69.00**
(Includes spouse - New members -2 VAHS pins)

[ ] **1 Year Basic Membership $ 39.00**
(New member -VAHS pin)

[ ] **Military/Student Membership $29.00**
(New member -VAHS pin)

***Add $_____tax exempt donation**

Name(s) for Event Badge(s):

_____

_____