

Virginia Network of Private Providers, Inc.
 804 Moorefield Park Drive, Suite 201
 Richmond, Virginia 23236

MEMBERSHIP APPLICATION - 2014

Select the Membership Category which is appropriate:

Individual Membership – for persons who have an interest in the purposes of the Corporation and wish to stay informed of issues affecting private providers of support for persons who have mental illness, developmental delay or substance use disorder and are licensed by or funded by the Department of Behavioral Health and Developmental Services.

Annual Dues: \$115.00

Organizational Membership – for organizations that are private providers of support for persons who have mental illness, developmental delay or substance use disorder and are licensed by or funded by the Department of Behavioral Health and Developmental Services. Organizational Membership shall entitle the President, Executive Director or CEO and one other member of the Organizational Member’s Board of Directors or staff to the privileges and responsibilities of membership; each of these two individuals shall have one vote on matters presented to the membership for a vote.

Annual Dues: \$225.00

Name of Organization (if applicable)		
Name & Title of Primary Contact or Individual Member:		
Street Address (include Suite or Office No):		
City:	State:	ZIP
Phone: ()	e-mail:	
Website:		
The information above will appear on our website at www.vnppinc.org If you DO NOT want your information to appear on the website, check here <input type="checkbox"/>		
For Organizational Memberships - - -		
Name & Title of other selected representative:		
Phone: ()	e-mail:	
The majority of our communication is by email to the address(es) listed above; all members will receive announcements of general interest, legislative updates, national issues, conference bulletins, etc. Please select from the list below the additional topics in which you are interested. Please check all that apply:		
<input type="checkbox"/> MR/ID or DD Issues including Autism	<input type="checkbox"/> Behavioral Health - adults and youth	<input type="checkbox"/> ICFs-MR/ID
It is very important that we are able to describe our members – ORGANIZATIONAL MEMBERS please complete the information below:		
Average number of individuals served:	Average number of employees:	Number of years in business:

Make your check payable to VNPP and return with the completed form to the address above.