



**VAGARA MEMBERSHIP
2010**

Date: _____

Name: _____
(please print)

Title: _____

Agency/Locality/Business: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone #: (____) _____ FAX #: (____) _____

E-mail address: _____

Are you: New Member _____ Replacing someone in your organization _____

Please make your check for \$20.00 payable to: **VAGARA**

Return this form with check to:

VAGARA
Lois M. Dalton Ritger
City of Virginia Beach
PL/Records Management
2424 Courthouse Drive, Bldg. # 18 – Room 228
Virginia Beach, VA 23456

*****Membership fee covers Annual Association dues, (January 1 thru December 31)
subscription to the newsletter, membership package and other benefits as determined by
the VAGARA Board.**

I DO NOT consent to be included in a Membership Roster

signature