

2016 Membership Application P.O. Box 29007 Henrico, Virginia 23242 571-399-8660

Conflict Resolution Professionals

Last Name:					
First Name:M	iddle Name OR Nic	:kname :			
Email:					
Address:					
City:		State:	Zip:		
Phone:	Website:				
Are you inter	ested in serving	on a VMN Committe	e(s)?		
Please check	which Committe	e(s) you are interes	ted in:		
□ By—Laws Committee	□ No	□ Nominations Committee			
□ Conference Committee	□ Me	mbership Committee			
□ Communications Committee	□ Spo	onsorship Committee			
 Legislative Committee 	□ Sta	ndards of Practice			
VMN M	EMBERSH:	IP RATES 20	16		
1 Year Options (Membership is Janua	rv 1, 2016 throu	gh December 31, 20	16)		
Enhanced Membership \$175.00	• •	,	,		
Basic Membership \$125.00					
Student Membership \$50.00					
TOTAL ENCLOSED					
Payments Accepted: UVISA	MASTERCARD	DISCOVER	□CHECK		
CREDIT CARD NUMBER					
EXPIRATION DATE	3 DIGIT CO	DE (on back of card)		
SIGNATURE					
Confirmation will be sent by email within for you to use on your website, emails,		now if you have not re			
VMN, P.O. E	• •	enrico, Virginia 2	3242		

Phone: 571-399-8660