



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
(Annually on January 1st) Y N

Return to:
VAHS

**PO Box 7795
Fredericksburg, Virginia 22404
(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):

