

## VAAM Membership Form

New Member                       Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (current/active) \_\_\_\_\_

<b>Membership Fee*</b>	<b>Electronically Sent</b>	<b>\$30</b>
	<b>Printed/Mailed</b>	<b>\$35</b>

\*Due to increased copying and postage fees, we are now offering the option of receiving the VAAM newsletter electronically. Beginning in January 2009, if you choose to receive your newsletter electronically, **the membership fee will remain at \$30.** If you prefer a printed and mailed copy, **the membership fee will be \$35.**

### Volunteering

I would like to volunteer in the following areas:

<input type="checkbox"/> Officer for VAAM Board of Directors	Programs:	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Workshop
		<input type="checkbox"/> Exhibitions	<input type="checkbox"/> Membership
		<input type="checkbox"/> Newsletter	<input type="checkbox"/> Website

- I would be willing to conduct a class or demo on the following subject(s):

\_\_\_\_\_

- I would like the following speakers or subjects presented at an VAAM meeting:

\_\_\_\_\_

- I would like to make a tax-deductible donation to the VAAM Scholarship Fund in the amount of \$\_\_\_\_\_ (Make check payable to VAAM).

**Please send completed membership form and your check to:**

**Nancy Shields, 8662 Hayshed Lane, Columbia, MD 21045**

Total Enclosed \$ \_\_\_\_\_  
(Make check payable to VAAM)