



## WVRHA MEMBERSHIP APPLICATION 2011

### MEMEBERSHIP CATEGORGY (Please chose one)

Student (\$10)

Individual (\$25)

Organizational (\$150)\*

Please make checks payable to WVRHA and mail to:  
WVRHA, P.O. Box 11362, Charleston, WV 25339

### CONTACT INFORMATION

Name

Company/School (if applicable)

Address

City/State/Zip Code

Telephone

Email

**\*Organizational Member Applicants:** Your organization is entitled to three (3) votes on WVRHA issues. We will send you a Welcome and Orientation Packet and at that time you will have the opportunity to identify the 2 contacts, in addition to yourself, who will exercise voting rights on behalf of your organization.

Contact us for additional information or if you have any questions  
(304) 347-1302 or [info@wvrha.org](mailto:info@wvrha.org) or visit our website at [www.wvrha.org](http://www.wvrha.org)