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| Virginia Benefit Programs OrganizationMembership Application Each Membership Year begins on July 1st and ends on June 30th  Date: **6/5/2018** (*defaults to current date when printed*) | | | | | | | C:\Users\dot68929\Documents\BPRO-LogoVertical.png | |
| **Annual dues:**  Individual\*/Associate Membership\*\*: **$30.00**  +  **Please remit by no later than August 31st**  *(****First-time******individual memberships*** *are half-price*  *after December 31st )* | | | | | Mail your application & check (payable to BPRO) to:  **Virginia Benefit Programs Organization**  **P O Box 731**  **Front Royal, Virginia 22630** DO NOT SUBMIT THIS FORM VIA EMAIL **DO NOT USE THIS FORM WHEN PAYING ONLINE** | | | |
| **Tab to each question, type in the information, and print a copy to be returned along with your dues** | | | | |
| Check below, as applicable:  **Personal** payment  enclosed  **Agency’s** payment  enclosed | Check below, as applicable:  **Individual** Membership\*  **Associate** Membership\*\* | | | | Check below, as  applicable:    Renewing/existing Member  First-time Member  Returning/former Member | | | |
| Name | | | | | Agency | | | |
| Agency FIPS Code | | | | | Planning District (PD) | | | |
| Phone Number | | | | | Fax Number | | | |
| Email Address | | | | | | | | |
| Check the specific program(s) for which you are responsible: | | | | | | | | |
| Auxiliary Grant  Energy Assistance  Foster Care &  Adoption Assistance | | Fraud  General Relief | | | | Medicaid  SNAP | | TANF  VIEW |
|  | | | | | | | | |
| Check the committee(s) on which you would like to serve: | | | | | | | | |
| Archives  Bylaws/Policies &  Procedures  Communication  Energy Assistance | | | Foster Care &  Adoption Assistance  Fraud  Fundraising/Awards  Hospitality | | | Legislative  Medicaid/AG  Professional  Development  SNAP | | TANF/VIEW  VaCMS/Technology |
| Your State Legislative Information:  Senate District Number:    House of Delegates District Number: | | | |  | | Don’t know how to answer?  Visit “Who’s My Legislator?” at  <http://whosmy.virginiageneralassembly.gov/>  (This address is also available on our “Directory” page) | | |

*\* Any person employed by a local, regional or state Department of Social Services office, who is directly or indirectly responsible for eligibility determination or for the administration of eligibility programs, shall be eligible for* ***Individual Membership****. \*\* Any person who does not currently function in the determination or administration of eligibility programs in local social service agency, but who has an interest in the purposes and activities of this organization, shall be eligible for* ***Associate Membership****. At no time shall associate membership exceed twenty-five percent (25%) of the total membership.*