

NEW MEMBER/RENEWAL APPLICATION

Membership Classification: (Please check one only)

- Virginia School Membership
- Non-Virginia School Membership
- Associate Membership (business, vendor, association, agency)

General Information:

Name of School or Associate Member

Name and Title of VCCA Representative

Street Address

City

State

Zip

Area Code/Telephone Number

Fax Number

Email

School Accreditation(s)

Please note the following VCCA By-Law language: School Members Private, postsecondary career schools must be duly certified to operate in Virginia by the State Council of Higher Education of Virginia and also be accredited by an accrediting agency recognized by the U.S. Department of Education.

Year School Opened _____

Please list curriculums/subjects offered (Associate members list products/services provided):

Member Business Classification (School & Associate members):

- Proprietorship
- Partnership
- Corporation

Partnership/Corporation Information:

Business or Corporate Name

Name(s) of Owner, Partners, President, CEO/Title

Mailing Address of Person(s) Listed Above

Area Code/Telephone Number

Fax Number

Signature

Date