



VIRGINIA SOCIETY of ASSOCIATION EXECUTIVES

Membership Transfer Form

Associate member organizations may apply to reassign a membership using the below form and pay a \$40 transfer fee.

Organizations of Executive members may have the membership reassigned to another qualified association executive upon the receipt of the current member's written resignation, the below form and \$40 transfer fee.

Please make the following change(s) to the VSAE membership records. I have enclosed the \$40 transfer fee and (if desired) \$25 for an additional Membership Directory.

Company: _____

Previous Member's Name: _____

Replacement Member: _____ Birthday: _____

Title: _____

Street Address: _____

Mailing Address: _____

Telephone: () _____ Fax: () _____

Email: _____ Internet: _____

I would like an additional Member Directory (\$25): [] Yes [] No

Permission to Contact:

Due to the recent filings of the Federal Communications Commission (FCC 03-153) regarding unsolicited fax rules, we need you to sign here stating that you grant VSAE permission to fax you information. We use broadcast faxing for notifications of events and important information that would be of interest to you as a member of VSAE. If you would like more information on the regulations, please visit http://hraunfoss.fcc.gov/edocs_public/attachmatch/FCC-03-153A1.pdf.

I understand that by providing my mailing address, email address, telephone number, and fax number, I give my consent to receive communication sent by or on behalf of the Virginia Society of Association Executives (and its subsidiaries and affiliates) via regular mail, email, telephone number, or fax number.

I agree to abide by the terms and rules of membership, and I understand that you will change your records upon receipt of this form and the transfer fee.

Date Signature \$ _____
Amount enclosed

Check, MasterCard, Visa and American Express accepted for payment. If paying by credit card, please PRINT the following information:

Account: _____ Security Code: _____

Name: _____ Exp. Date: _____

Signature: _____ Billing Zip: _____

Please return to:

VSAE | 2924 Emerywood Pkwy., Suite 202 | Richmond, Va. 23294 (804) 747-4971 | Fax: (804) 747-5022 | info@vsae.org