



Virginia Society of Association Executives

MEMBERSHIP TRANSFER FORM

Please make the following change(s) to our membership in VSAE. I have enclosed the \$30 membership transfer fee, and \$15 additional if I would like a Member Handbook.

Company: \_\_\_\_\_

Name of Member (previous): \_\_\_\_\_

Name of Replacement: \_\_\_\_\_ Birthday: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Internet: \_\_\_\_\_

I would like a new Member Handbook (\$15):  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, e-mail 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, e-mail, 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 complete following information:

Account # \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Account (please print): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to:
VSAE ♦ 10231 Telegraph Road ♦ Glen Allen, VA 23059-4561
(804) 747-4971 ♦ Fax: (804) 747-5022