



# Community Coalitions of Virginia

## Membership Application

MEMBERSHIP INFORMATION	
Name:	
Title:	
Organization:	
Mailing Address:	
City/State/Zip:	
Work Phone:	Cell Phone:
Fax:	
Website:	
Email Address:	

MEMBERSHIP OPTIONS		
Please check the appropriate boxes:	Price	Total
Agencies /Schools	\$200	
Non- Profit Organizations	\$100	
Community Coalitions	\$100	
Individual	\$50	
Youth	\$20	
Donation in honor of: ----- _____	\$ _____	
Additional amount	\$ _____	
	Total Enclosed	\$ _____

**THANK YOU!**

CCOVA thanks you for your support and for partnering with us to ensure a strong and lasting prevention effort in Virginia.

**Make checks payable to:**  
Community Coalitions of Virginia (CCOVA)

**Mail checks to:**  
Community Coalitions of Virginia  
PO Box 73523  
Richmond, VA 23235

P. O. Box 73523 · Richmond, VA 23235 · (804) 519-2520  
coalitionteam@ccova.org