

**VIRGINIA CARIBBEAN-AMERICAN CULTURAL ASSOCIATION INC. (VCACA)**  
**PO Box 10004, Norfolk, VA 23513**  
**E-mail: info@vcaca.org**  
**Website: www.vcaca.org**  
**Tel: 877-VACARNIVAL[822-2764]**

***MEMBER INFORMATION***

Name: \_\_\_\_\_  
*Last First M.I. Nickname*

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

Email Address: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_  
*Day Evening*

Country Affiliation: \_\_\_\_\_

Profession: \_\_\_\_\_

**SPECIAL TALENTS**

\_\_\_\_\_  
 \_\_\_\_\_

**Check appropriate box Membership Status -  Associate<sup>1</sup>  General<sup>2</sup>**

<sup>1</sup>*Associate Membership* [(FREE) Can participate in events and meetings but cannot vote during motions and in general elections]

<sup>2</sup>*General Membership* [(FEES shown below) Can motion in meetings, vote and/or run in general elections get access to the Members Area ONLINE]

**PAYMENT OF DUES**

I would like to pay my dues:  Monthly (\$10)  Payments (\$30x4mths)  Annually (\$100/year)

Method of payment [ Check  Money Order  Cashier's Check  Online Transaction]

Payable to: **Virginia Caribbean-American Cultural Association Inc. (VCACA)**

Complete dues for the period of \_\_\_\_\_ months/year(s)

*Note: Please do not send cash. If you would like to pay your dues in cash, please bring this form along with your dues to the next meeting.*

My signature below indicates that I will adhere to all articles of VCACA's Constitution and Bylaws and that the information provided above is correct and current.

\_\_\_\_\_  
*Member's Signature*

\_\_\_\_\_  
*Date*

**VCACA Form 317**

