

CONSUMER MEMBERSHIP FORM



Name _____

Street Address _____

City _____ Country _____

State _____ Zip _____

Phone (____) ____ - ____ Ext _____

Primary e-mail _____

Membership Type: CONSUMER

_____ Individual \$35 year

(Make Checks Payable to: Virginia Smoke Free Association)

\$ _____

Consumer members please Send check and membership form to:

VSFA
10104 Chester RD
Chester, VA 23831

COMMUNICATIONS PREFERENCES: _____

Virginia Smoke Free Association is a Virginia non-profit corporation

Please Visit Virginiasmokefree.org for more information