



MEMBERSHIP

Regular membership is limited to any person involved in the prevention, elimination, and prosecution of public assistance fraud. Dues are \$20.00 per membership year.

Associate membership is available to organizations, associations, corporations, and other entities interested in and supportive of the purpose of this organization. Associate members have no voting privileges. Dues are \$10.00 per membership year.

Membership year is July 1 through June 30.

MEMBERSHIP APPLICATION

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Agency: _____

Job Title: _____

I wish to renew my PAIV membership _____

I wish to join PAIV as a regular member _____ associate member _____

Please print this form. Make checks payable to PAIV and send to:

PAIV c/o Lynn Campbell, Treasurer
Tazewell County DSS
P.O. Box 149
Tazewell, Virginia 24651

Phone: (276) 988-8507

Fax: (276) 988-2765

lcampbell@tazewellcounty.org