



**VIRGINIA TELEHEALTH NETWORK (VTN)**  
**(A 501(c)(3) nonprofit organization)**  
*Improving Access to Quality Health Care*

**MEMBERSHIP APPLICATION (NON-VOTING)**

**Membership Type and Fees - Per Year (Select One):**

- Individual \$175**
- Student \$100 per year/\$50 per six months**
- Government Department or Agency Membership \$200**
- Non-Profit Community Based Non-Hospital Corporations \$250**
- Non-Profit Corporations/Hospitals/Institutions/Foundations \$750**
- Profit Corporations \$1,500**
- Sponsorship \$2,500**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job Title in Organization:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

- New Membership**     **Renewal Membership**

**For any questions please contact VTN at 434 825-8038 or send an e-mail to [jecollmer@ehealthvirginia.org](mailto:jecollmer@ehealthvirginia.org)**

**Please print this form and mail along with appropriate dues to:  
Virginia Telehealth Network  
P.O. Box 5446  
Charlottesville, VA 22905**

**Thank you!**