

**WEST VIRGINIA DIRECTORS
OF SENIOR & COMMUNITY SERVICES**

Membership Information

County _____

Agency Name _____

Agency Representative _____

Address _____

Office # _____

Fax # _____

Cell # _____

E-mail Address _____

Associate Member Name _____

Contact # _____

E-mail Address _____

Associate Member Name _____

Contact # _____

E-mail Address _____

MEMBER DUES: \$ _____

ASSOCIATE DUES: x _____ \$ _____

TOTAL AMOUNT PAID: \$ _____

DUES MUST BE PAID BY FEBRUARY 28th

Please make checks payable to WVDSCS

**Mail to: Mason County Action Group, Inc.
 Renaë Riffle
 P O Box 12
 Point Pleasant WV 25550**