



Virginia Association of Local Human Services Officials

VALHSO

FY 2023 MEMBERSHIP APPLICATION

Jurisdiction/Organization _____

Address _____

Up to five individuals may be named per membership application.

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____

Name _____

Title _____

Phone _____

Email _____