



# Virginia Humanities Conference

Institutional Membership Form 2009-2010

Annual Membership Fee: \$200

Name of Institution: \_\_\_\_\_

Name of Academic Administrator: \_\_\_\_\_

Academic Administrator's Address: \_\_\_\_\_

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Academic Administrator's Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Academic Administrator's Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of appointed VHC delegate: \_\_\_\_\_

Delegate's position/title: \_\_\_\_\_

Delegate's address: \_\_\_\_\_

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Delegate's daytime telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Delegate's alternate telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Delegate's e-mail address: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

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