



Office Use Only:

Paid Date:	Resource Date:
Membership Date:	Shared Date:

Virginia Shared Services Network Membership Form

Center Based
 Family Day Home
 Other _____

Instructions:

1. Submit your payment by Credit Card or PayPal:
2. Complete this form
3. Return to Jodi Roberts via *Email* (Jodir@va.childcareaware.org); *Fax* (804) 285-0847 or *Mail* (804 Moorefield Park Dr. Suite 101; Richmond, VA 23236)
4. Have your staff below request a new member log in at <https://www.vasharednetwork.org> they will receive an email with their username and password.
5. Questions call Jodi Roberts at (804) 285-0846 or email JodiR@va.childcareaware.org M-F 8:30 –4:30.

CENTER BASED			
Business Name			
Center Director Name			
Street Address	City	Zip	County
Center phone number	Center Email		
License Type			
5 additional center staff who will receive subscriptions:			
Name 1			
Name 2			
Name 3			
Name 4			
Name 5			
FAMILY DAY HOME			
Name			
Street Address	City	Zip	County
Phone number	Email		
License Type			
1 additional staff who will receive subscription:			
Name			
OTHER			
Name			
Agency/Organization/School			
Address	City	Zip	County
Phone Number	Email		