

**Virginia Association of Personal Care Providers**

c/o ACS West, Inc.  
1904 Byrd Avenue, Suite 100, Richmond, VA 23230  
Phone: 804-282-7451 Fax: 804-282-9590  
amber@acswest.org

**VIRGINIA ASSOCIATION OF PERSONAL CARE PROVIDERS  
2025 ASSOCIATE MEMBERSHIP INFORMATION SHEET  
(Companies working with Providers)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address (please note if Upper Case or Lower Case): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Company: \_\_\_\_\_

How many years in business? \_\_\_\_\_

Company Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Paid: Associate Membership Fee \$650.00  
Check Number \_\_\_\_\_

Please mail this form and payment for membership to VAPCP to address below:

**VAPCP c/o ACS West, Inc.  
1904 Byrd Avenue, Suite 100  
Richmond, VA 23230**

OR Email amber@acwest your completed form to receive the instructions for online payment option.