

**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

**VIRGINIA ASSOCIATION OF PERSONAL CARE PROVIDERS  
2025 MEMBERSHIP INFORMATION SHEET  
(Providers Only)**

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 Provider: \_\_\_\_\_ Private Duty  
\_\_\_\_\_ Medicaid  
\_\_\_\_\_ Medicare

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

Locations: \_\_\_\_\_

Number of Offices: \_\_\_\_\_

State Licensed \_\_\_\_\_ Yes \_\_\_\_\_ No

Exempt \_\_\_\_\_ Yes \_\_\_\_\_ No

Amount Paid: Membership Fee received prior to 12/31/24 \$625.00

Membership Fee post marked after 12/31/24 **\$675.00**

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](mailto:amber@acwest) your completed form to receive the instructions for online payment option.