



2018 CORPAC ENROLLMENT APPLICATION

Name _____

Position _____

COR Locality _____

Length of Service _____

Home Address _____

Direct Phone No _____

E-mail address _____

I hereby certify that I have used my own personal funds to pay for my CORPAC membership and I will not seek reimbursement from the Commonwealth or from my locality for such funds.

Signature _____

Date _____

Amount Enclosed: _____

CORPAC dues amounts are listed below. Please complete this Enrollment Application, along with your personal check made payable to:

CORPAC
c/o The Honorable Tiffany Boyle
510 Tudor Court
Newport News, VA 23603

Breakdown for CORPAC Dues:

All Deputies dues are \$15.00

Commissioners of the Revenue's dues are based on locality population:

Population	CORPAC Dues Amount
1 - 10,000	\$ 87.50
10,001 - 20,000	95.00
20,001 - 40,000	100.00
40,001 - 70,000	107.50
70,001 - 100,000	115.00
100,001 - 175,000	120.00
175,001 - 250,000	125.00
250,001 - up	132.50

Please make copies of this application, distribute to your Deputies and encourage them to join!

CORPORATE ENROLLMENT - \$500

Name of Business/Corporation _____

Contact/Title _____

Business Address _____

Business Phone _____