

Enrollment Form

Clerks/Deputies of the Circuit Court Certification Program

Name (As you want it to appear on your certificate)

Last	First	Middle	Hon. Mr. Mrs. Ms. Prefix (Circle One)
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Court Clerk Title (Circle One)	Deputy Clerk	Date you began in office (Month/Day/Year)
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SSN (Last 4 digits)	VCCA Member since (Month/Day/Year)
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Office Address

Locality (Please Include Town, City, or County)

Street Address

City	State	Nine Digit Zip Code
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Telephone (include area code)	Fax Number (include area code)	E-mail Address
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Personal Information

Race	Gender	Date of Birth:(Month/Day/Year)
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Place of Birth (City/County, State)

Service to Associations

(Eligible associations are Virginia Court Clerks' Association, IACREOT, NACM, VSBA, and VAGARA.)

Please list any officer position, including district chairman and all committees, which you have been chairman of since January 1, 1991. See copy of certification program for committees that qualify.

Please list any presentations you have given at eligible conferences since January 1, 1991. See copy of certification program for conferences that qualify.
