

Enrollment Form

Treasurer/Deputy Treasurers Career Development Program

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

Mr. Mrs. Ms.

Last First Middle Prefix *(circle one)*

Treasurer Deputy Treasurer

Title *(Circle One)* Date began in office *(Month/Day/Year)*

Last 4 digits (SSN) TAV member since *(Month/Day/Year)*

Office Address

Locality *(Please Include Town, City, or County)*

Street Address

City State Nine-Digit Zip Code

Telephone *(include area code)* Fax Number *(include area code)* E-mail Address

Personal Information

Race Gender Date of Birth: *(Month/Day/Year)*

Place of Birth *(City/County, State)*

For any of the conferences listed below, please write the date (mm/yyyy) and location of attendance.

- a. Treasurers' /Deputies Education Seminar _____
- b. Treasurers' Association Annual Meeting _____
- c. Treasurer's Association's Fall District Meeting _____
- d. Treasurer's Association's Spring District Meeting _____
- e. Joint Summer Conference _____
- f. VALECO Annual Meeting _____

Other Meetings/Seminars/Workshops list below

Work Experience (List positions you have held, beginning with the most recent. Make sure to include the month and year of experience.)

Employer	Location	Dates	Title	Duties

I affirm that the information given on this application is true and correct and I am enclosing my check for \$75 made payable to the University of Virginia.

Signature

Date

Please return form to: Beth Watson,
Weldon Cooper Center for Public Service,
P.O. Box 400206, Charlottesville, VA 22904-4206.
Questions? Call 434-982-2144