



2025 CORPAC ENROLLMENT APPLICATION (Oct '24 – Sept '25)

Name _____

Position _____

COR Locality _____

Length of Service _____

Home Address _____

Street

City, State, Zip

Direct Phone No _____

Email 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 are listed on page 2. Please complete this Enrollment Application along with your personal check made payable to address below. Payments are also accepted by credit card at the annual conference or by contacting Maggie Ragon for an invoice.

CORPAC c/o Maggie Ragon

PO Box 4

Staunton, VA 24402-0004

ragonma@ci.staunton.va.us

Breakdown for CORPAC Dues

Deputy Dues are \$15.00

Commissioner of the Revenue 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

CORPORATE ENROLLMENT - \$500.00

Name of Business/Corporation _____

Contact/Title _____

Business Address _____

Street Address

City, State, Zip

Business Phone _____