Partnership of Office Services Support Employees in Social Services

Agency Membership Application

Membership Year: July 1, 2025-June 30, 2026

Logo

Description automatically generated

**Agency Information**

|  |  |
| --- | --- |
| **Agency Name:** | **Agency FIPS:** |
| **Agency Address:** | **Region:** |
|  | **Administrative Manager:** |
| **Agency Phone Number:** | **Agency Director:** |

**Membership Cost**

(*please note membership dues are non-refundable and must be received prior to July 31st*)

$150 - 5 person Agency Membership [credit card link: [https://square.link/u/Tlk33z4E](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsquare.link%2Fu%2FTlk33z4E&data=05%7C02%7C%7C98d1eba7441b4bee789308dd93e31aa9%7C0201b765070d4db084226cfc27f09889%7C0%7C0%7C638829325803441346%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=2fBbNvgaG7sj%2BMRpuiyJfQ609VZ8RMcva7bNFUs1woY%3D&reserved=0)]

*Can have up to 5 individuals in various administrative positions within the same Agency with the flexibility to change out members throughout the year as needed with proper notification. If any individual was a previous year member, please put their POSSESS membership number below.*

$250 - 10 person Agency Membership [credit card link: [https://square.link/u/TJ2Cs0oY](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsquare.link%2Fu%2FTJ2Cs0oY&data=05%7C02%7C%7C98d1eba7441b4bee789308dd93e31aa9%7C0201b765070d4db084226cfc27f09889%7C0%7C0%7C638829325803453319%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=atUYZ6xcUKcWsYHSQsI0yrVzrSeMpedAlP7a8z87Zwc%3D&reserved=0) ]

*Can have up to 10 individuals in various administrative positions within the same Agency with the flexibility to change out members throughout the year as needed with proper notification and receive a discounted membership rate. If any individual was a previous year member, please put their POSSESS membership number below.*

**Agency Members Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Individual  Name | Title | Email | Birthday (MM/DD) | Start Date (MM/YY) | POSSESS Member # |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Individual  Name | Title | Email | Birthday (MM/DD) | Start Date (MM/YY) | POSSESS  Member # |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

You can pay online via credit card or send a check. If sending check, send Membership Dues to the State Treasurer listed below:

Ann May

Fluvanna County DSS (065)

P.O. Box 98

Fork Union, VA 23055