



VIRGINIA MOTORCOACH ASSOCIATION

106 Main Street, Brookneal, VA 24528
434-376-1150 FAX 434-376-1156

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete information in type or print. Forward the application along with a check in the amount of \$200 made payable to VMA. Mail to the above address.

As a supplier and/or vendor to the bus industry, we/I hereby apply for active Associate Membership in the Virginia Motorcoach Association. By signature I certify that I am engaged in a business which supplies products or services of interest to operator members of VMA and that I do not own a motorcoach.

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **FAX:** _____ **800 #:** _____

Email: _____ **Web:** _____

Date Business was Started: _____

A description (20 words or less) of your company to be added to your listing in the membership directory:

Category for Directory Listing: (Check the category that best describes your business and write cross reference (CR) next to any other category that describes your business.)

Attraction **Hotel** **Restaurant** **Sales, Service & Products**
 Theatre **Tour Receptive** **Tourism Agency**

List representative(s) who are to be listed as company contact(s) in the Directory and will be active in the Virginia Motorcoach Association.

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____

List key representative and correct mailing address for the individual who should receive all VMA correspondence:

Key representative: _____

Mailing address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **FAX:** _____ **800 #:** _____

Annual Membership Fee: \$200

Membership benefits include the VMA Annual Meeting and one listing in the VMA Membership Directory that is distributed to all members. Annual Meeting registration materials are sent to members only.

Additional listings (for other locations, etc.) may be included in the directory at a cost of \$50 per listing.

Signature: _____ **Date:** _____
(Applicant Representative)

Information for Payment by Credit Card

Type: Visa _____ Master Card _____ American Express _____ **Expiration:** _____ **Amount:** \$200

Card Number: _____ **Name on Card:** _____

Signature: _____ **Date:** _____

VMA FEDERAL I.D. NUMBER: 54-1147461

Note: \$36 of your membership dues may be used as a tax deduction.