

## EDUCATION MEMBERSHIP APPLICATION

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEBSITE: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

TITLE \_\_\_\_\_

### CONTRACT

- The applicant hereby agrees to abide by the constitution, bylaws, rules and regulations and all resolutions that may be henceforth adopted by The Virginia Hospitality and Travel Association.
- Under the bylaws of the Virginia Hospitality and Travel Association, your application for membership must be submitted to the VHTA Board of Directors, and your membership is subject to approval by the board.
- One year's dues must accompany application for membership. All membership cancellations must be received in writing with dues remaining payable through the end of the current calendar quarter.
- Membership dues for VHTA are not tax deductible as charitable contribution for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities.

**Authorizing Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Referred by** \_\_\_\_\_

**Date:** \_\_\_\_\_

### DUES AMOUNT: \$100.00

- Check Enclosed  
  American Express  
  Visa  
  Master Card  
  Discover  
 (Checks payable to VHTA)

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**This one year agreement automatically renews on the anniversary date. I understand that my dues will be charged at that time.**

**My Primary interest is in the following component**    [ ] Restaurant [ ] Lodging [ ] Travel