



MEMBER BENEFITS & SERVICES PUT PROFIT IN YOUR POCKET!

- Credit Card Processing Discounts**
- Music Licensing Discounts**
- Office Supplies Discounts**
- Health Insurance Benefits Program**
- Apparel & Uniforms Discounts**

- Legislative Representation**
- Payroll Processing Discounts**
- Restaurant Direct Free Checking Accounts**
- ServSafe Health/Safety Certification**
- Dental Health Care Program**

Joining VHTA/ Restaurant Association of Virginia/ National Restaurant Association is easy! Just provide information about your business and return this application with payment for the appropriate dues. Your dues are based on the number of restaurant units **owned and operated** by company.

NUMBER OF UNITS IN VIRGINIA	DUES	MAILING ADDRESSES
<input type="checkbox"/> 20+	\$2500	5
<input type="checkbox"/> 16 - 19	\$2000	4
<input type="checkbox"/> 10 -15	\$1500	3
<input type="checkbox"/> 6 - 9	\$1000	2
<input type="checkbox"/> 3 - 5	\$500	1
<input type="checkbox"/> 1 - 2	\$250	1
<input type="checkbox"/> Additional mailings	\$60	Each

AMOUNT OF DUES: _____

PAYMENT METHOD:

Check payable to **VHTA** Bill my credit card Discover Visa MasterCard American Express
Card # _____

Expiration date _____ CID# (last 3 numbers on back of card) _____

Cardholder Signature: _____

PROPERTY/COMPANY NAME: _____

CONTACT NAME: _____ TITLE: _____

NAME OF SALES/MARKETING CONTACT: _____ MARKETING E-MAIL : _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX : _____ TOLL FREE NUMBER: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

(By providing my fax and e-mail information, I give permission for VHTA to contact me by either of these methods.)

REFERRED FOR MEMBERSHIP BY: _____

CONTRACT

The applicant hereby agrees to abide by the bylaws, rules and regulations that may be henceforth adopted by the Virginia Hospitality and Travel Association. Under the bylaws of VHTA, 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 quarter. Membership dues are deductible as a necessary business expense. Contributions or gifts to the organization are not deductible as charitable contributions for federal tax purposes. This one-year agreement automatically renews on the anniversary date. I understand that my dues will be charged to my credit card at that time. Association funds used for lobbying are no longer tax deductible. VHTA uses 18% of its dues for lobbying efforts therefore; members can deduct 82% of the dues for tax purposes. This one-year agreement automatically renews on the anniversary date. I understand that my dues will be charged on this Credit Card at that time.

Signature of individual authorizing membership _____.

Business Profile:

Number of Units / Locations: _____ (Provide list please) **Number of Employees:** _____

Type of ABC License: Beer and Wine Mixed Beverage

Banquet Room Yes No Number of Rooms: _____ Capacity: _____

Credit Cards Accepted: Visa MasterCard American Express Discover Diner's Club

Smoking Policy: Smoking allowed: Yes No Some times Restricted areas

STATE DELEGATE DISTRICT: _____ **STATE SENATOR DISTRICT:** _____ **U.S. CONGRESSIONAL DISTRICT:** _____

VHTA MONEY-SAVING PROGRAMS Which programs interest you? (Check all that apply)

- Electronic Credit Card Processing
- Value-added Health Insurance
- ServSafe Health Certification
- Dental Insurance
- Discounted Apparel & Uniforms
- Payroll Processing Discount Program
- Staples Office Supplies
- Discounted Advertising and Marketing
- ASCAP, BMI, SESAC Music Licensing Discounts
- Discounted Prescription Card

ADDITIONAL PROPERTIES/LOCATIONS

1.Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Toll Free Number: _____

Email: _____

2.Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Toll Free Number: _____

Email: _____

3.Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Toll Free Number: _____

Email: _____

4.Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Toll Free Number: _____

Email: _____

5.Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____ Toll Free Number: _____

Email: _____