



SUPPLIER **MEMBERSHIP** APPLICATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL _____ WEBSITE: _____

REPRESENTATIVE: _____ TITLE: _____

PRODUCTS AND SERVICES YOU OFFER: _____

YES, PLEASE SEND MORE INFORMATION ON SPONSORSHIP OPPORTUNITIES WITH VHTA.

ANNUAL DUES AMOUNT: \$300.00

CHECK ENCLOSED AMERICAN EXPRESS VISA MASTER CARD DISCOVER
(CHECKS PAYABLE TO VHTA)

NAME ON CARD: _____

SIGNATURE: _____

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____

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: John
O'Keefe _____

Date: _____