



## Retired Manufacturers Council Membership Application

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Senate District \_\_\_\_\_ House District \_\_\_\_\_ Congressional District \_\_\_\_\_  
Company from which I retired \_\_\_\_\_

VMA offers various discounted services and outreach opportunities. If interested, please check the following:

- \_\_\_\_ I would like to save money on expenses such as health, dental, vision, and prescription costs.  
\_\_\_\_ I would like to save money on other expenses, such as pet insurance and identity theft protection.  
\_\_\_\_ I would like to save money on travel expenses.  
\_\_\_\_ I would like to participate in VMA's outreach programs to youth.  
\_\_\_\_ I would like to participate in VMA's advocacy efforts.

**Membership Dues:** Voluntary \$25 annual fee for retirees less than 75 yrs of age. (No cost over 75 yrs of age.)

*Method of payment:*  Check  VISA  AMEX  MASTERCARD

\_\_\_\_\_  
*Expiration:* \_\_\_\_\_

**Please mail application and check to:**  
**Virginia Manufacturers Association, P. O. Box 412, Richmond, VA 23218-0412**  
**Phone: (804) 643-7489**

I would like to share in the work and benefits of the VMA. I agree to pay Annual Membership Dues as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_