



Membership Application and Investment Schedule

Company _____
 Mailing Address _____ City/State/Zip _____
 Street Address (If different than mailing address) _____
 Phone (____) _____ Ext. _____ Fax(____) _____
 Principal Product(s) _____
 SIC Code _____ Senate District _____ House District _____ Congressional District _____
 Year established in Virginia _____
 Primary contact person _____ Title _____
 Mailing address (If different from the business address) _____
 City/State/Zip _____ Email _____
 Attached sheet completed with additional contact information Yes ___ No ___
 Sponsor (name & company of person sponsoring your company's membership) _____

VMA offers various discounted business services and professional development opportunities.

If interested, please check the following:

- ___ I would like to save money on Health Insurance and Property & Casualty Insurance.
- ___ I would like my employees to save money on a Long Term Care policy.
- ___ I would like to save money on my energy costs.
- ___ I would like to save money on office supplies and equipment.
- ___ I would like to promote my company through VMA's conferences, workshops, website and/or publications.

Investment Schedule (dues calculated by barrelage per year):

Category A	0 – 2,500	\$250
Category B	2,501 – 10,000	\$500
Category C	10,000+	\$1,000
*Associate		\$675

Method of payment: Check VISA AMEX MASTERCARD

Expiration: _____

Investments paid to the Virginia Manufacturers Association, Inc. are not deductible as a charitable contribution. Effective January 1, 1994, Congress restricted the tax deductibility for certain lobbying costs. We estimate that 30% of your Investment is attributable to non-deductible lobbying costs, and 70% of your investment is deductible as an ordinary and necessary business expense. The following is a table used to determine the appropriate investment for each organization. Investments are based on barrelage per year at each facility.

Please mail application and check to: Virginia Manufacturers Association, P. O. Box 412, Richmond, VA 23218-0412
Phone: (804) 643-7489 FID # 54-0452521

My Company would like to share in the work and benefits of the VMA. We agree to pay an Annual Membership Investment based on my company's barrelage in accordance with the Investment Schedule.

Signature _____ Date _____