



Associate Membership Application

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 _____ Fax (_____) _____
City/State/Zip _____ E-Mail _____
Attached sheet completed for additional contact information. Yes No
Sponsor _____
(Name and company of person sponsoring your company in membership.)

If interested, please check box:

- I would like to save money on health insurance costs through VMA Insurance Services.
- I would like my employees to save money on a Long Term Care Policy.
- I would like to save money on my Property & Casualty Insurance Costs.
- I would like to promote my company through VMA's conferences, workshops and publications.
- I am interested in VMA's professional development opportunities.

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.

Associate Membership Investment Rate: \$675 Annual Investment

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 FID # 54-0452521

My Company would like to share in the work and benefits of the VMA and do hereby apply for membership. We agree to pay Annual Membership Investment.

Signature _____ Date _____