



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: \$700 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 the above Annual Membership Investment.

Signature _____ Date _____