



# Small Manufacturer 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.
- I am interested in reducing my transportation costs.

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 two factors: capital investment and number of employees at each facility.

<b>Membership Investment Rate:</b>	<b>1-25 employees:</b>	<b>\$250 Annual Investment</b>
	<b>26-50 employees:</b>	<b>\$500 Annual Investment</b>
	<i>(please circle one)</i>	
<b>Method of payment:</b> <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD		
<b>Expiration:</b> _____		

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 \_\_\_\_\_