

VAA VENDOR MEMBERSHIP APPLICATION

VENDOR INFORMATION

Business Name:

Phone:

Fax:

Address:

City:

State:

ZIP Code:

Website Address:

Email:

PRIMARY CONTACT INFORMATION

Name:

Phone:

E-mail:

Fax:

Address:

City:

State:

ZIP Code:

Position:

Email:

SECONDARY CONTACT

Name:

Phone:

Email:

Fax:

Address:

City:

State:

ZIP Code:

Position:

Email:

BUSINESS / MEMBERSHIP INFORMATION

In this space, please provide any information about your business that you wish our current membership to know as well as how you believe the Virginia Ambulance Association can benefit your business.

SIGNATURES

I attest that I have the authority to complete and submit this application on behalf of the above listed business. I understand that membership is voluntary and requires maintenance of the annual dues of \$500.00 as set by the VAA Board of Directors.

Name of applicant:

Signature of applicant:

Date:

Please complete the above form and submit with \$500.00 dues via mail to:

Virginia Ambulance Association Attn: Treasurer 49 Log Homes Dr. Harrisonburg, VA 22801