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| **MEMBERSHIP APPLICATION** |
| Company Name: |
| Contact Name: |
| Address: |
|  |
| Nature of Business: |
| Telephone: ( ) |
| Fax: ( ) |
| Email: |
| Signature: |
| Title: |
| Date: |
| Do you know someone who might be interested in membership? Please provide a contact name and email or phone: |
| **Annual dues of $50.00, renewable on July 1st of each year****Please make checks payable to “VABA”,****Mail to: VABA, Attn: Jenna Campbell, 1065 Airport Road, Lynchburg, VA 24502** |