

Membership Application

Support for creative, web media, marketing and print businesses

Key Contact Name					No. of Permanent Full-Time Employees		
Company Name							
Address							
City			State	Zip	Date		
Phone							
Email address			Website				
Describe Your Business							
# Employees*	Annual	Quarterly		Pa	ayment Options		

# Employees*	Annual	Quarterly						
Group Membership								
□1	\$ 150							
□2	\$ 250							
□3	\$ 300							
□ 4	\$ 400							
□ 5 - 9	\$ 500							
□ 10 - 14	\$ 750							
□ 15 - 19	\$ 1,000	\$ 250						
□ 20 - 29	\$ 1,500	\$ 375						
□ 30 - 39	\$ 2,000	\$ 500						
□ 40 - 49	\$ 2,500	\$ 625						
□ 50 or more	Discuss with VM	A Representative						
Supplier Membership								
□1-9	\$ 400							
□ 10 or more	\$ 500							

Payment Options									
☐ Group Membership ☐ Supplier Membership									
Please remit annual amount by check or credit/debit. (Companies over 15 employees may remit quarterly.)									
□ My check (payable to VMA) is attached for \$									
☐ Please charge \$	to	□Visa	□мС	□ AMEX	□ Debit				
Acct.#		CSC*		Exp.	/				
Cardholder name									
Signature									
* CSC is the three digit security code printed on the back of your card. On AMEX cards it is the four digit code printed to the right of and above the account number on the front of the card.									

 $\color{red}\boldsymbol{\mathsf{y}}$ My VMA representative is:

We will request an updated employee count each year by sending out a questionnaire every November requesting your estimated January 1 employee count.

*Dues are based solely on the number of employees you have in your Northern California and Nevada facilities.



665 Third Street Suite 500 San Francisco CA 94107

P 800 659 3363 F 800 824 1911

VMA.bz