



## Membership Renewal Form

Please complete this information to renew you SVTA membership.

Primary Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Admin Mailing Address: \_\_\_\_\_

Suite/Apt No. \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Email of primary cont. (pls print): \_\_\_\_\_

	Company Name	Amount	County/City loc'n
Primary member type (full price): _____	_____	_____	_____
2nd member type _____	_____	_____	_____
3rd member type _____	_____	_____	_____

Total Due: \$ \_\_\_\_\_

**Member Types:**

- |  |  |
|--|--|
| Class A – Major attractions & Resorts - \$1,500  | Class D1 – Specialty Lodging - \$250   |
| Class B – Other attractions (incl. events, restaurants, chambers, towns, counties, gift/antique & retail stores) - \$250 | Class D2 – Traditional Lodging - \$300 |
| Class C – Tourism Offices (DMOs) - \$600   | Class E – Patron (individual) - \$50   |
|  | Class F – Associate/Services - \$250   |

**Payment Information (remit to address below):**

Payment options: Check \_\_\_\_\_ (payable to Shenandoah Valley Travel Association)  
 Amex \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

My signature below authorizes SVTA to charge \$\_\_\_\_\_ to the credit card listed.

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (mm/yy)

Name as appears on card: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing address (if diff. from above): \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You are welcome to call us at 540-740-3132 to pay with a credit card over the phone.

**Shenandoah Valley Travel Association**

PO Box 3363 • Warrenton, VA 20188 • 540-740-3132 • Fax 540-740-3100 • [www.visitshenandoah.org](http://www.visitshenandoah.org)