



## Membership Application

Name of Applicant: \_\_\_\_\_

Business/Org Name: \_\_\_\_\_

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

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

Your Tel: \_\_\_\_\_ Your email: \_\_\_\_\_

Physical Address (public addr): \_\_\_\_\_

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

Phone (for public use, if different from above): \_\_\_\_\_

How many cases of travel guides (120 pcs/cs) would you like to have sent to you? \_\_\_\_\_ (no chrg)

Primary Contact (if different from applicant): \_\_\_\_\_

Contact's Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Member Types:

Class A – Major attractions & Resorts - \$1,500

Class B – Attractions, events, restaurants, vineyards, breweries, farm markets, gift/antique/retail shops, outfitters/stables, golf courses, shopping centers, educational institutions - \$250

Class C – Tourism Offices (DMOs) - \$600

Class D1 – Specialty Lodging - \$250

Class D2 – Traditional Lodging - \$300

Class E – Patron (individual) - \$50

Class F – Travel agencies/tour operators, publishers, PR/marketing agencies, commercial printers, brochure distribution services, travel industry service providers, graphic/web design firms - \$250

\* Additional memberships, of equal or lower value, available at a 20% discount.

**Select your member types:**

	<i>Company Name</i>	<i>Amount</i>	<i>Member Type</i>
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Primary member type (full price): \_\_\_\_\_ (business/org named above) \_\_\_\_\_

2nd member type (20% off): \_\_\_\_\_

3rd member type (20% off): \_\_\_\_\_

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

*Page 1 of 2 - please proceed to the next page for payment information. Thank you.*

**Shenandoah Valley Travel Association**

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



## Membership Application, cont.

Name of Applicant: \_\_\_\_\_

Business/Org Name: \_\_\_\_\_

### 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 with questions or to pay with a credit card over the phone.

2nd bsn/org address (public addr): \_\_\_\_\_

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

Phone (for public use, if different from above): \_\_\_\_\_

How many cases of travel guides (120 pcs/cs) would you like to have sent to you? \_\_\_\_\_ (no chrg)

3rd bsn/org address (public addr): \_\_\_\_\_

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

Phone (for public use, if different from above): \_\_\_\_\_

How many cases of travel guides (120 pcs/cs) would you like to have sent to you? \_\_\_\_\_ (no chrg)

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