

VMDAEC ASSOCIATE MEMBERSHIP

Links in a Powerful Partnership

Associate Member Application and Contact Information

Company Name: _____

D/B/A: _____

Address: _____

City, State, Zip: _____

Client Contact: _____

Signature: _____

Phone: _____ Email: _____

Website: _____

Description of Company (25-word maximum):

Will submit artwork/logo ____ (send artwork to Brandon Burton @ bburton@vmdaec.com)

Payment Method Options:

____ Check enclosed. Make payable to: VMDAEC

____ PayPal: For those wanting to pay their dues online using a credit or debit card, please visit www.PayPal.me/VMDAEC.com

Submit to Brandon Burton @ bburton@vmdaec.com or mail to:
VMDAEC, 4201 Dominion Boulevard, Suite 101, Glen Allen, VA 23060