

# VMDAEC ASSOCIATE MEMBERSHIP

## Links in a Powerful Partnership

### Associate Member Application and Contact Information Form

#### COMPANY INFORMATION

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

D/B/A: \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Client Contact: (for website and digital directory) \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Marketing & Membership Contact (if different than above) \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Description of Company (25-word maximum):

#### Keywords

Add keywords to make your listing in the VMDAEC online directory more searchable and easier to find.

My company is interested in the following vendor expos. I understand this does not guarantee us a booth.

- E&O Vendor Expo (May)
- Gaff-n-Go Lineworker Rodeo Vendor Expo (May)
- Annual Meeting Vendor Expo (July)

#### Additional Comments/Information

Special instructions, other contacts, other phone numbers, etc.

#### SUBSCRIPTIONS

As part of your membership you are eligible for subscriptions to Cooperative Living magazine, both print and digital, and the CONNECTIONS digital member newsletter for up to five people in your organization. Please provide the subscription information below.

Name - (please type none if you do not wish to receive this benefit)

\_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Select items you wish to receive:

- Cooperative Living - Print Edition
- Cooperative Living - Digital Edition
- CONNECTIONS member e-newsletter

Name - (please type none if you do not wish to receive this benefit)

\_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Select items you wish to receive:

- Cooperative Living - Print Edition
- Cooperative Living - Digital Edition
- CONNECTIONS member e-newsletter

Name - (please type none if you do not wish to receive this benefit)

\_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Select items you wish to receive:

- Cooperative Living - Print Edition
- Cooperative Living - Digital Edition
- CONNECTIONS member e-newsletter

Name - (please type none if you do not wish to receive this benefit)

\_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Select items you wish to receive:

- Cooperative Living - Print Edition
- Cooperative Living - Digital Edition
- CONNECTIONS member e-newsletter

Name - (please type none if you do not wish to receive this benefit)

\_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Select items you wish to receive:

- Cooperative Living - Print Edition
- Cooperative Living - Digital Edition
- CONNECTIONS member e-newsletter

An invoice will be emailed for the \$2000 associate membership fee and benefits will begin once the full payment is received. Please provide the billing information below.

#### BILLING

Name \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

Phone \_\_\_\_\_