



**VBHA ASSOCIATE MEMBERSHIP
January 1, 2020 to December 31, 2020**

APPLICATION

Company Name: _____

Primary Contact Name: _____ Title: _____

Complete Address: _____

Mailing Address (if different from above): _____

Main Phone: _____ ext. _____ Cell: _____

Email Address: _____

Website: _____

Facebook yes no . If yes, Facebook address: _____

Type of Business/Service (**please check ONE box only or "Other"**):

- Accounting Advertising/Marketing Attractions/Entertainment Building/Construction
- Business Services/Consultants Cleaning Employment Education Insurance
- Legal Services Maintenance Media Paving Pest Control
- Printing Realty Restaurant Restoration Recycling
- Security Technology Transportation Travel
- Retail – (**type of retail – i.e. Art/Florist/Do-It Center**): _____

"Other" **IF none of the above apply** _____

* (**if applicable**) secondary contact name/title/email address: _____

* **PLEASE NOTE:** Secondary contact is for **VBHA files only**. All correspondence will be sent to the Primary Contact listed on this form.

Please make check payable for \$325.00 to the Virginia Beach Hotel Association

Return to: VBHA
 1023 Laskin Road, Suite 111
 Virginia Beach VA 23451

Annual Associate Membership is from January 1 to December 31. The VBHA does NOT pro-rate for partial year

Name/Title of person completing this form: _____

Date: _____

(Applications are processed approximately every 1st & 15th of each month)

1023 Laskin Road, Suite 111 • Virginia Beach VA 23451

757-428-8015 • Fax: 757-425-3760

VBHA.net * VirginiaBeachHotelAssociation.com