



**VBHA ASSOCIATE MEMBERSHIP
January 1, 2021 to December 31, 2021**

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
1206 Laskin Road, Suite 140 D&E
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)

1206 Laskin Road, Suite 140 D & E • Virginia Beach VA 23451

757-428-8015

VirginiaBeachHotelAssociation.com VBHA.net