

  
**Virginia Beach  
Hotel Association**  
**VBHA ASSOCIATE MEMBERSHIP**  
**SPECIAL OFFERING**  
**October 1, 2026 to December 31, 2027**  
**APPLICATION**

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

Company Address: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook yes ☐ no ☐

Facebook address: \_\_\_\_\_

**\*Primary Contact needs to be the person who will be attending VBHA Meetings & Events and will receive the VBHA Weekly Notices.**

**\*Primary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext. \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ext. \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Do you want to include the Secondary Contact to also receive the VBHA Weekly Notices yes ☐ no ☐**

**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, what is your type of business/service: \_\_\_\_\_

Name/Title of person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

**Please make check payable for \$350 to the Virginia Beach Hotel Association**

**Return to our address:**

VBHA  
**1060 Laskin Road, Unit 14-B**  
Virginia Beach VA 23451

*Typical Annual Associate Memberships are from January 1 to December 31.*

**1060 Laskin Road, Unit 14-B | Virginia Beach VA 23451 | 757-428-8015**

*VirginiaBeachHotelAssociation.com*