

# ASSOCIATE MEMBERSHIP APPLICATION

## **Associate Membership** (any organization other than a Chamber of Commerce)

**\$500.00** 

#### Benefits:

- ✓ Invitation to attend our professional development conferences in March and June
- ✓ Opportunity to provide articles for VACCE e-newsletter
- ✓ Opportunity to provide a webinar/conference call with VACCE members
- ✓ Listed in Associate Member section of VACCE website (with hot link to your company's website)
- ✓ Added to the VACCE e-mail update list (special notices throughout the year)
- ✓ Provided with one (1) copy of VACCE membership list in Excel format

### **Application**

Name			
Title		,	
Company Name			
Address			
City		Zip	
Telephone ()	Fax ()		
Website			
E-Mail Address			

# Checks and AMEX / Visa / MasterCard accepted

 $\ \square$  I'd like to pay via credit card (AMEX, Visa, MasterCard)

An electronic invoice will be emailed to you via PayPal

☐ I'd like to pay via check (please note NEW address)

If paying by check, please make payable to VACCE and return to:

VACCE 1622 Tarklin Valley Road Knoxville, TN 37920