



MEMBERSHIP APPLICATION 2012

9962 Brook Road, #632
Glen Allen, VA 23059
Tele: (888) 441-5454
Fax: (703) 530-9653
www.VHSMP.org
info@vhsmp.org

MEMBERSHIP INFORMATION

Name _____		Title _____	
Company _____			
Address _____			
City _____		State _____	Zip _____
Telephone _____		Fax _____	
Email _____			

MEMBERSHIP DUES/CATAGORIES (pick one or more as appropriate)

_____ **PRIMARY MEMBER ANNUAL DUES** **\$99.00/ANNUALLY**

This membership option is available to single member locations and/or the initial membership for a location.

_____ **ADDITIONAL MEMBERS FROM SAME LOCATION:** **\$49.00/PER PERSON**

A member location may add additional members for this price

_____ Name _____ Title _____

_____ Name _____ Title _____

_____ **LOCATION MEMBERSHIP** (USE SEPARATE SHEET TO LIST MEMBERS) **\$500.00/ANNUALLY**

This is designed for full service hotels and/or business with ten or more staff members at one location. It is not available for multiple locations i.e., entire management company. **(This is your best option!)**

_____ **ACTIVE MEETING PLANNERS** **\$35.00/ANNUALLY**

This membership option is available to any person(s) who plan meetings as all, or part, of their jobs.

\$ _____ **TOTAL ENCLOSED** Method of payment: Check Credit Card Online

CREDIT CARD INFORMATION

Name on Card _____			
Card Number _____	Exp. Date _____	Security Code _____	
Billing Address _____			
Billing City _____	State _____	Zip _____	
Signature _____			

When complete, return to VHSMP, 9962 Brook Road, #632, Glen Allen, VA 23059 or email to info@vhsmp.org or fax to 703-530-9653.