



VAPOR TECHNOLOGY ASSOCIATION
600 NEW HAMPSHIRE AVE., NW, SUITE 630
WASHINGTON, DC 20037

MEMBERSHIP APPLICATION 2017

Applicant Information

Company Name: _____

Contact Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Suite*

City *State* *Country and Postal Code*

Office Phone No.: _____ Fax No.: _____

Email Address: _____ Mobile Phone No.: _____

Business Description. The following categories best describe my business. Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Device Manufacturer | <input type="checkbox"/> Wholesaler/Distributor | <input type="checkbox"/> Importer |
| <input type="checkbox"/> Liquid Manufacturer | <input type="checkbox"/> Retail Vape Shops | <input type="checkbox"/> Online Seller |
| <input type="checkbox"/> Flavor Supplier | <input type="checkbox"/> Other Supplier | <input type="checkbox"/> Legal Professional |
| <input type="checkbox"/> Investment Company/Advisor | <input type="checkbox"/> State Vapor Association | <input type="checkbox"/> Academic/University |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Other: _____ |

Membership Election

I have read the membership descriptions on the VTA Membership Classes and Dues form. Subject to the By-laws of the Association, please enroll my company as a Member of Friend of the Vapor Technology Association in the class I have checked below and at the identified financial level I have indicated below. I understand that our dues or other payment applies to calendar year 2017. I have indicated the appropriate payment below:

- Industry Member.** Recognized as members, with right to elect Board members and serve on the Board.
- Founding Member.** An Industry Member that makes an annual commitment of \$100,000.
Founding Members will receive recognition at VTA events and on VTA publicity as a Founding Member.
- Associate Member.** Recognized as members, but shall not vote and shall not be eligible for the Board.
- Friend of VTA.** Recognized as a Friend only if requested. No vote and not eligible for the Board.

2017 Dues: \$ _____

Signature of Applicant: _____ Date: _____

VTA Enrollment Approval: _____ Date: _____

Please e-mail your completed form to abboud@vaportechnology.org and use one of the payment methods identified on the payment options form attached hereto.