

VCEDA Membership Application

Company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Web-site _____

Number of Employees _____ Industry Sector _____

Brief Description _____

Referred by _____

Annual Membership Dues:

Company (1-39 Emp.) \$ 400

Company (140-219 Emp.) \$1800

Company (40-79 Emp.) \$ 800

Company (220-299 Emp.) \$2400

Company (80-139 Emp.) \$1200

Company (300+ Emp.) \$3600

Total \$ _____

Make the check payable and send to:

VCEDA

1601 Carmen Drive, Suite 215

Camarillo, CA 93010

Phone: 805/388-3457 Fax: 805/388-9972

Web: www.vceda.org E-mail: info@vceda.org

VCEDA Tax ID # 95-1905685



For your convenience, we accept MasterCard and Visa:

MC/VISA _____ Expiration _____

Authorized Signature _____