

# 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

4219 Transport Street

Ventura, CA 93003

Phone: 805-676-1332 Fax: 805-676-1362

Web: [www.vceda.org](http://www.vceda.org) E-mail: [info@vceda.org](mailto:info@vceda.org)

VCEDA Tax ID # 95-1905685



## **For your convenience, we accept MasterCard and Visa:**

MC/VISA \_\_\_\_\_ Expiration \_\_\_\_\_

Authorized Signature \_\_\_\_\_