Application for Membership



Please print clearly Date: _____ How Many Years in Business: _____ Company Name:______DBA:_____ Contact Name: _____ Address: City:_______ State:_____ Zip:______ Phone: ______Mobile Phone: Office Email: Website URL: _____Federal Tax ID # _____ VA Sales Tax # Has your company applied for the "Virginia's Finest" program with VDACS? Yes/No: Products Your Company Sells (Describe Products) Class of trade selling to (circle all that apply): Wholesale Farm Markets Retail/Web Fundraising Corporate Membership Type (circle all that apply) Example: Producers could also have Retail stores • Producer Member Supplier Member \$189.00 Retailer Member **FREE** · Associate Member FREE You can either pay your membership dues online (preferable), or send a check for the annual dues made out to Virginia Specialty Food & Beverage Association (send to): **VSFBA** Attn: Laurie Aldrich 2711 Buford Rd #174 Bon Air, VA 23235 Title ______Date _____