

Application for Membership



Please print clearly

Date: _____ How Many Years in Business: _____

Company Name: _____ DBA: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile Phone: _____

Email: _____

Website URL: _____

VA Sales Tax # _____ Federal Tax ID # _____

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 \$189.00
- 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

Signature _____ Name _____

Title _____ Date _____