## **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:			
A Sales Tax #Federal Tax ID #			
Hasyourcompanyapplied for the "Virginia'sFinest" program with VDACS? Yes/No:			
Products Your Company Sells (Describe Products)			
<ul> <li>Supplier Member \$18</li> <li>Retailer Member FR</li> <li>Associate Member FR</li> </ul>	kets Retail/Web hat apply) Example: Produc 39.00 39.00 EE EE		
You can either pay your member Virginia Specialty Food & Bever VSFBA Attn: Jill Donaldson 2673 St. Elias Drive, Unit B, He 23294	rage Association (send to):	ole), or send a che	ck for the annual dues made out to
Signature		Name	
Title	Date		