



VTTA Membership Application

Company Name:

Licensed name

Advertised/Trade name if different from above

Contact Information

Contact Person:

Address:

Postal Code:

Telephone: (Bus):

(other):

Fax: (Bus):

(other):

Website:

Email:

Number of Employees:

Full Time:

Part Time:

Industry Sector

Please check one of the sectors below as the membership category for your company/organization

Transportation

Small Business/Retail/Consultant

Restaurant/Food Services

Private Parks/Attractions

Outfitters/Tour Operators

Municipalities

Hotel/Motel/Cottages

Community/Economic Dev.

Hospitality Homes/B&B's

Supplier/Corporate

Lounge/Bar Operations

Membership Fee

Fee: \$100.00

Invoice me:

Payment Enclosed

Signature: _____

Date: _____