



VAPOR TECHNOLOGY ASSOCIATION
600 NEW HAMPSHIRE AVE., NW
WASHINGTON, DC 20037

MEMBERSHIP APPLICATION 2016

Applicant Information

Company Name: _____

Contact Name: _____

Last *First* *M.I.*

Address: _____

Street Address *Suite*

City *State* *Country and Postal Code*

Office Phone No.: _____ Fax No.: _____

Email Address: _____ Mobile Phone No.: _____

Business Description. The following categories best describe my business. Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Device Manufacturer | <input type="checkbox"/> Wholesaler/Distributor | <input type="checkbox"/> Importer |
| <input type="checkbox"/> Liquid Manufacturer | <input type="checkbox"/> Retail Vape Shops | <input type="checkbox"/> Online Seller |
| <input type="checkbox"/> Flavor Supplier | <input type="checkbox"/> Other Supplier | <input type="checkbox"/> Legal Professional |
| <input type="checkbox"/> Investment Company/Advisor | <input type="checkbox"/> State Vapor Association | <input type="checkbox"/> Academic/University |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Other: _____ |

Membership Election

I have read the membership descriptions on the VTA Membership Classes and Dues form. Subject to the By-laws of the Association, please enroll my company as a Member of Friend of the Vapor Technology Association in the class I have checked below and at the identified financial level I have indicated below. I understand that our dues or other payment applies to calendar year 2016. I have indicated the appropriate payment below:

- Industry Member.** Recognized as members, with right to elect Board members and serve on the Board.
- Founding Member.** An Industry Member that makes an annual commitment of \$100,000.
Founding Members will receive recognition at VTA events and on VTA publicity as a Founding Member.
- Associate Member.** Recognized as members, but shall not vote and shall not be eligible for the Board.
- Friend of VTA.** Recognized as a Friend only if requested. No vote and not eligible for the Board.

2016 Dues: \$ _____

Signature of Applicant: _____ Date: _____

VTA Enrollment Approval: _____ Date: _____

Please e-mail your completed form to abboud@vaportechnology.org and use one of the payment methods identified on the payment options form attached hereto.



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MEMBERSHIP CLASSES AND DUES 2016

Companies may participate in the Vapor Technology Association in the following ways:

- **Industry Members** include U.S. and international companies that are part of the manufacturing, wholesale, retail, and supply and distribution chain for electronic cigarettes and vapor products. Industry Members shall be recognized as members, shall be voting members and shall be eligible for Board positions. Industry Members will have access to all VTA meetings, access to regulatory framework templates and submissions, and the ability to develop priorities for federal education and lobbying efforts. Members also will receive the benefit of VTA’s federal and state lobbying initiatives, will work with VTA’s federal and state lobbyists in connection with their efforts, will receive the benefit of the public affairs strategies of VTA, and will receive information briefings on legislative issues, regulatory issues, and scientific developments.
- **Founding Members** are Industry Members that make a minimum commitment of \$100,000 annually and which make that commitment. Founding Members will be recognized as such at VTA events and on VTA publicity.
- **Associate Members** include state vapor associations, consultants, service professionals, investment advisors, trade associations, insurance service providers, academics, legal and other professionals. Associate Members are recognized as members, but are non-voting members and shall not be eligible to serve on the Board. Associate Members have access to VTA meetings & will receive information briefings on all key VTA issues.
- **Friends of VTA** include those individuals, companies, or other associations who can make unlimited voluntary contributions to support the efforts of VTA. Friends can elect to be recognized as a Friend of the Association or keep anonymous their contributions. Friends shall neither be recognized as members, nor eligible to vote, nor sit on the Board.

VAPOR TECHNOLOGY ASSOCIATION DUES SCHEDULE

INDUSTRY MEMBERS	2016 Dues
<\$249,000 net revenue	\$1,000*
\$250,000 - \$499,999	\$2,500
\$500,000- \$999,999	\$5,000
\$1,000,000 – \$4,999,999	\$15,000
\$5,000,000 – \$9,999,999	\$35,000
\$10,000,000 – \$24,999,999	\$50,000
\$25,000,000 – \$49,999,999	\$75,000
\$50,000,000 – \$100,000,000	\$100,000
ASSOCIATE MEMBERS	
General Associate	\$10,000
State Vapor Association	\$10,000**
Other Trade Association	\$5,000
Academic / University	\$250
Investment companies / advisors	\$25,000
FRIENDS	
	Voluntary Amount

*VTA has established a **Single Location Vape Shop** rate of \$500 for this year.

VTA has established an existing **state vapor association rate of \$5000 for this year.

Please use the attached Membership Application form to join VTA today.



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DUES AND CONTRIBUTION PAYMENT METHODS

By Check

Make check payable to: Vapor Technology Association

Mail check to address above: Attn.: Membership

By ACH Transfer (Electronic - No Fees)

Bank Name: Wells Fargo

Bank Routing Number: 054001220

Account number: 5091594670

By Wire Transfer (Electronic - Fees)

Bank Name: Wells Fargo

Bank Routing Number: 121000248

Account number: 5091594670

Tax Information: Since VTA engages extensively in lobbying, contributions are generally not tax deductible. Members and contributors should consult their tax own advisors with respect to this point in the preparation of their returns.

Please e-mail abboud@vaportechnology.org with questions or for more information