



## Membership Application 2019

### Applicant Information

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
*First* *Last*

Address: \_\_\_\_\_  
*Street Address* *Suite*  
*City* *State / Province* *Country and Postal Code*

Office Phone 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 Benefits form. Please enroll my company as a Member or Friend of the VTA in the class I have checked below and at the identified financial level I have indicated below. I understand that our payment applies to calendar year 2019.*

- Platinum Member.** An Industry Member that makes an annual commitment of \$100,000. Platinum members may serve on the Board, and will receive recognition at/on VTA events/publicity as a Platinum Member. *Select Platinum below.*
- Industry Member.** Member with right to elect Board members and serve on the Board. *Select amount below.*
- Association Member.** Recognized as members, but shall not vote and shall not be eligible for the Board. *Select Association.*
- Friend of VTA.** Recognized as a Friend if requested. No vote and not eligible for the Board. *Select Friend & insert amount.*

<input type="checkbox"/> \$100,000 - PLATINUM	<input type="checkbox"/> \$75,000 – DIAMOND	<input type="checkbox"/> \$50,000 – GOLD
<input type="checkbox"/> \$25,000 – SILVER	<input type="checkbox"/> \$10,000 – BRONZE	<input type="checkbox"/> \$5,000 – IRON
<input type="checkbox"/> \$1,000 – KEYSTONE	<input type="checkbox"/> \$_____ – FRIEND	<input type="checkbox"/> \$10,000 – ASSOCIATION

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

VTA Enrollment Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail your completed application to: [info@vaportechnology.org](mailto:info@vaportechnology.org) (Rev. 01/16/2019)