



THE VIRGINIA MORTICIANS' ASSOCIATION, INCORPORATED

**OFFICE OF THE GENERAL SECRETARY
P.O. BOX 461 • MCKENNEY, VIRGINIA 23872
PHONE: 804-469-9544 FAX: 804-469-9545
EMAIL: VMAINC@MSN.COM**



2019-2020 ASSOCIATE MEMBER APPLICATION

– FOR FUNERAL SERVICE SUPPLIERS-VENDORS AND EXHIBITORS ONLY –

Name _____

Mailing Address _____

Street Address _____

City, State and Zip Code _____

Email Address _____

Company Name _____

Company Address (if different from mailing address above) _____

Business Telephone Number _____ Business Fax Number _____

Home Telephone Number _____ Cell Phone Number _____

****YOU MUST BE ENDORSED BY TWO VMA MEMBERS IN GOOD FINANCIAL STANDING****

Endorser

License Number

Endorser

License Number

Cost of Vendor/Exhibitor Associate Membership Dues

_____ VMA Vendor/Exhibitor Associate Membership Dues for 2019-2020 **\$300.00**

The undersigned, hereby makes application for membership in the Virginia Mortician's Association, Incorporated. The applicant understands that upon approval by the VMA Board they agree to be governed by the Constitution and By-Laws of the Virginia Morticians' Association, Incorporated.

Authorized Signature (Required)

Date

**Submit application and payment to: The Virginia Morticians' Association, Inc.
Post Office Box 461 • McKenney, Virginia 23872**