



Vermont Retail Association

## membership application

**Business Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Referred by a VRA Member? Referred by:** \_\_\_\_\_

We hereby apply for membership in the Vermont Retail Association and upon receipt of our dues, reserve the privileges connected with such membership. Our dues are \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## ANNUAL Dues

Please email or call our office for membership dues rates.

[mail@vretailers.com](mailto:mail@vretailers.com) 802-879-6999

***To pay by credit card please call our office.***

**Dues are 75% deductible as a business expense, 25% non-deductible lobbying expense.**

***Retail members are businesses that earn at least 50% of gross revenue from retail sale of goods to consumers.***

## member benefits

**Please mark all money-saving benefits that interest you, and we'll send further information:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Blue Cross/Blue Shield Health Ins.</b> | <input type="checkbox"/> <b>Northeast Delta Dental Insurance</b> |
| <input type="checkbox"/> <b>Credit Card Processing</b>             | <input type="checkbox"/> <b>Worker's Comp. Ins.</b>              |
| <input type="checkbox"/> <b>Free Marketing / Public Relations</b>  | <input type="checkbox"/> <b>Business Owner's Ins.</b>            |
| <input type="checkbox"/> <b>VRA Shipping Program</b>               | <input type="checkbox"/> <b>Long Distance Telephone</b>          |
| <input type="checkbox"/> <b>Payroll Processing</b>                 |  |

**VERMONT RETAIL ASSOCIATION**  
PO Box 688 Essex Jct, VT 05453

**additional information**

**Type of Business:** \_\_\_\_\_

**Annual Sales: \$** \_\_\_\_\_

**No. of Employees: Full-Time** \_\_\_\_\_ **Part-Time** \_\_\_\_\_ **Seasonal** \_\_\_\_\_

**Year Business Started:** \_\_\_\_\_ **Number of Stores in Vermont:** \_\_\_\_\_

**Vermont Store Locations:** *(or attach current listings)* \_\_\_\_\_

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**Do you know one other business owner who would be interested in VRA?** If so, tell us:

Business Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

If we contact this business and they join VRA, we will credit you with a member referral and you will be eligible for any applicable new member referral promotions.

**How did you hear about VRA?** \_\_\_\_\_

**additional names FOR VRA mailing list**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_