



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) 802-839-1931

***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:**

- Blue Cross/Blue Shield Health Ins.
- Credit Card Processing
- Free Marketing / Public Relations
- VRA Shipping Program
- Payroll Processing
- Northeast Delta Dental Insurance
- Worker's Comp. Ins.
- Business Owner's Ins.
- Long Distance Telephone

**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)* \_\_\_\_\_

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