

MEMBERSHIP APPLICATION

JOIN OR RENEW TODAY!



Visit the Web site at www.vdta.com for more information.

COMPANY CONTACT INFORMATION:

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal code: _____

Telephone: _____ Fax: _____

E-mail: _____

Web site: _____

Years in business: _____ **Submit Copies of Business Certificate and Tax Certificate •**

- Do you attend VDTA/SDTA conventions? Yes No
- Do you teach sewing or quilting lessons in your store? Yes No
- Do you have a repair department? Yes No
- How many stores do you have? _____

FLOORCARE

- | | |
|---|--|
| <input type="checkbox"/> Hand/Stick Vacuums | <input type="checkbox"/> Backpack Vacs |
| <input type="checkbox"/> Central Vacuums | <input type="checkbox"/> Upright Vacuums |
| <input type="checkbox"/> Stick/Broom Vacs | <input type="checkbox"/> Canister Vacuums |
| <input type="checkbox"/> Water Based Vacs | <input type="checkbox"/> Air Fresheners |
| <input type="checkbox"/> Steam Cleaners | <input type="checkbox"/> Air Purifiers |
| <input type="checkbox"/> Janitorial Products/Stain Removers | <input type="checkbox"/> Polishers & Buffers |
| <input type="checkbox"/> Vacuum Parts/Accessories | <input type="checkbox"/> Other: _____ |

SEWING/QUILTING

- Sewing Machines
- Knitting Products
- Quilting Machines
- Longarm Machines
- Embroidery Machines
- Sewing Parts/Accessories
- Notions
- Fabrics-Fashion/Quilting
- Sergers

MEMBERSHIP TYPE

- | | |
|--|---|
| <input type="checkbox"/> Independent dealer: \$121 (new member) \$96 (renewal)
Identified as any dealer whose principal business is the sale of merchandise and services directly to the consumer (end user). | <input type="checkbox"/> International member: \$150 each year
Identified as a company <u>not</u> located in the U.S. or Canada. |
| | <input type="checkbox"/> Associate member: \$625 each year
Identified as a manufacturer/distributor/supplier. |

PAYMENT METHOD

(All payments must be made in U.S. funds)

Check MasterCard Visa Amount: \$ _____

Membership Dues: Independent Dealer: \$121 (new member) \$96 (renewal) Associate Member: \$625 International Member: \$150

Cardholder Name (Please print): _____

Card #: _____ (CCID# _____) Exp. Date: _____

Card Registered Address (If different than above): _____

Signature: _____

Return application to VDTA/SDTA, 2724 2nd Ave. Des Moines, IA 50313 or Fax: 1-515-282-4483. www.vdta.com