



## 2019 ASSOCIATE MEMBERS

National/Chain Memberships:	\$1,275.00	-	\$1,925.00
Purveyors and Vendors:			\$485.00
Educational Institutions:			\$170.00
Student Rate:			\$25.00

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Other Contact: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Product / Service Description (please provide 25-30 word description of your company's product / service)

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### PAYMENT INFORMATION

Billing Contact: \_\_\_\_\_

Payment Type:  American Express  Master Card  Visa  Check (please make payable to WVHTA) \_\_\_\_\_

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Return this form to: WVHTA, P.O. Box 2391, Charleston, WV 25328  
Fax: 304-345-1538 or join online: [www.wvhta.com](http://www.wvhta.com)

