



2020 ASSOCIATE MEMBERS

Purveyors and Vendors:	\$519.00
Educational Institutions:	\$182.00
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)

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

