

VSABA MEMBERSHIP APPLICATION

Welcome to the

Just Some Of The Benefits of A VSABA Membership Are:

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Application Date: _____

Business Name: _____

Contact Person(s) Name(s)*: _____

Postal Address: _____

Physical Address (if different): _____

Business Phone Number: _____
 (For listing on our website)

Cell Phone: _____

Website: _____

Email: _____
 (For listing on our website)

Email: _____
 (Please provide preferred email to receive our e-newsletters)

Describe briefly your business. (30 words or less)

*Please Note: We have made changes to our membership application so that we can use some of the information to list your business on our website.

info@valleyspringsaba.org

www.valleyspringsaba.org

Please fill out form and email to info@valleyspringsaba.org or mail to Valley Springs ABA | PO Box 848 | Valley Springs, CA 95252 with payment
 If paying by check please make checks payable to: ValleySpringsABA. If Paying by CC, Please Choose Desired Option to Pay for Yearly Membership. We now offer two options of CC payment for your convenience.

General Membership = \$35.00 / per year Partner Membership = \$ 0.00 / per year

You can also make payment by credit card. We now offer two options of CC payment for your convenience.

Credit Card: (Circle One) Visa MC AmEx Credit Card No. _____ Exp Date _____ CVV _____

Cardholder's Name _____ Authorized Signature _____

I certify that I am an authorized user of this credit card. I authorize Valley Springs ABA to charge the credit card for the amount indicated above only, and is valid for one time use only.

Please send me an electronic payment request to my email address listed on this application so that I may make payment electronically. I understand that my membership information will not be published until payment has been made.

Valley Springs ABA business membership dues are from January 1st – December 31 every year.