



P.O. Box 6783
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(804) 690-9049
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www.VirginiaMasonry.org

Thank you for your interest in becoming a member of the Virginia Masonry Association. Please fill in each blank below.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Website: \_\_\_\_\_

(Note: We will link to your website from our Membership Directory Page on our website at www.VirginiaMasonry.org)

Please list below anyone in your company that you would like to receive regular correspondence from the Virginia Masonry Association (i.e. Newsletters, Notices, Invitations, etc.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email\*: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email\*: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email\*: \_\_\_\_\_

Please circle the applicable classification:

Masonry Contractor: A B C D E (See attached Dues Structure)

Brick Manufacturer/Distributor: Circle Here

Concrete Masonry Units Producer: Circle Here

Cement Producer: Circle Here

Associate Member: Circle Here

Please write type of business: \_\_\_\_\_

Please sign below and check the appropriate option.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware that continuation of membership will be assumed at the beginning of each calendar year unless VMA is notified of my company's cancellation in writing by January 31st of each year.

Circle One: Full Payment Enclosed

I wish to pay in quarterly installments. My first payment is enclosed. Please bill me for the rest.

\* VMA uses your email address only for issues concerning the association and will not give or sell this information to any outside parties.