



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 would like to receive regular correspondence from the Virginia Masonry Association (i.e. Newsletters, Notices, Invitations, etc.). Additional names may be added on the back of this application.

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

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

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

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

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

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

Please circle or check the applicable classification:

\_\_\_\_\_ Masonry Contractor / Stone Producer: A B C D E

(Circle Appropriate classification. See attached Dues Structure)

\_\_\_\_\_ Brick Manufacturer/Distributor \_\_\_\_\_ Associate Member (fill in type of business below)

\_\_\_\_\_ Concrete Masonry Units Producer \_\_\_\_\_ Subsidiary Member

\_\_\_\_\_ Cement Producer

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

Please sign below and check below:

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.

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