



## Application for Membership

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

Applicant Business name: \_\_\_\_\_

Applicant / Owner's name(s): \_\_\_\_\_

Contact person for directory listing: \_\_\_\_\_

Business address: \_\_\_\_\_

If realtor, broker's address: \_\_\_\_\_

Business License #: \_\_\_\_\_ Contractor's lic #: \_\_\_\_\_

Business physical address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Phone numbers:

Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Home: \_\_\_\_\_

Email addresses: \_\_\_\_\_

WebSite addresses: \_\_\_\_\_

MVMA Board use only:

Notes:

Date application received: \_\_\_\_\_

Date membership dues received: \_\_\_\_\_ \$100.00

Meets Membership criteria: yes: \_\_\_\_\_ no: \_\_\_\_\_

Membership voting results: \_\_\_\_\_

Date membership begins: \_\_\_/\_\_\_/\_\_\_