



Vacation Rental Managers Association
2010 Membership Renewal
 Supplier / Associate Member



Company Name _____

Principal Representative Name _____

Phone _____ Email _____

Additional Representative Name _____

Phone _____ Email _____

Additional Representative Name _____

Phone _____ Email _____

Each individual must be a member of the same company as the principal representative. Pricing is per person per calendar year. Additional representatives receive a subscription to the VRMA quarterly magazine, member e-mail updates, a personal website profile, and the same member-qualifying discounts at the annual conference and seminars. Attach separate sheet for additional names.

MEMBERSHIP TYPE	2010 MEMBERSHIP INVESTMENT (in USD)	TOTALS
Supplier / Associate Member	\$895	\$ _____
Additional Representative(s)	\$55 each x _____ # add'l reps	\$ _____
	TOTAL DUE	\$ _____

Make Checks Payable
 to: VRMA
 9100 Purdue Road,
 Suite 200
 Indianapolis, IN 46268

Phone 317-454-8315
 Fax 317-454-8316
 vrma@vrma.com

METHOD OF PAYMENT (check one)

AMEX MC VISA DISCOVER Check Enclosed Amt \$ _____

Card # _____ Exp _____

Name (as appears on card) _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

Vacation Rental Managers Association is a not-for-profit corporation. Contributions or gifts to VRMA are not deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible by members as an ordinary business expense. The Federal ID# for VRMA is 93-0948165.