



**2010-11 New Member Application
Vacation Rental Managers Association**



Company Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Principal Representative Name _____ Title _____

Phone _____ Email _____

MEMBERSHIP TYPE	2010-11 MEMBERSHIP INVESTMENT (in USD) TOTALS	
Supplier	2010 Pro-Rated (\$895 Annual Fee / 12 x _____ months)	\$ _____
	2011 Rate (\$895 Annual Fee)	\$ <u>895</u>
	TOTAL FEE (2010 Pro-Rated + 2011 Rate)	\$ _____
	With 10% Discount (Total fee x 10%)	\$ _____
	TOTAL DUE (2010 Pro-Rated + 2011 Rate)	\$ _____

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)	
<input type="checkbox"/> AMEX	<input type="checkbox"/> MC
<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> Check Enclosed	Amt \$ _____
Card # _____	Exp _____
Name (as appears on card) _____	
Signature _____	
Billing Address _____	
City _____	State _____ Zip _____