**Arkansas Vape Advocacy Alliance**

**Membership Application 2018**

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| Applicant Information |
| |  |  |  |  | | --- | --- | --- | --- | | Company Name: |  |  |  | | Contact Name: |  |  |  | |  | Last | First | M.I. | | Address: |  |  |  | |  | Street Address |  | Suite | |  |  |  |  | |  | City | State | Country and Postal Code | | Office Phone No.: |  | Fax No.: |  | | Email Address: |  | Mobile Phone No.: |  | | Business Description. The following categories best describe my business. Check all that apply. | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ☐ | Device Manufacturer | ☐ | Insurance Services | ☐ | Online Seller | | ☐ | Liquid Manufacturer | ☐ | Wholesaler/Distributor | ☐ | Legal Professional | | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ☐ | Flavor Supplier | ☐ | Retail Vape Shops | ☐ | Academic/University | | ☐ | Investment Company/Advisor | ☐ | Importer | ☐ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  | | | | | |
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| Membership Election |

*I have read the membership descriptions on the Membership Classes and Dues form. Subject to the By-laws of the AVAA, please enroll my company as a Member in the class I have checked below and at the identified financial level I have indicated below. I understand that our dues or other payment applies to calendar year 2018. I have indicated the appropriate payment below:*

☐ **Industry Member.** Recognized as members, with right to elect Board members and serve on the Board.

☐ **Associate Member.** Recognized as members, but shall not vote on any matter and shall not be eligible for the Board.

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| **Monthly Dues:** $**\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Signature of Applicant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Association Enrollment Approval: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please e-mail your completed form to arkansasvaa@gmail.com or mail with check to

AVAA

PO Box 1124

Conway, AR 72033

Rev. 1/16/2018