



Local Affiliate Membership Application

Date: _____

Contact: _____

Full Corporate Name: _____

Address: _____

City: _____

State, Zip: _____

Telephone: _____

Fax: _____

Website: _____

E-mail: _____

Primary Business: _____

Signature of two active members (references):

1. _____

Print Name: _____

2. _____

Print Name: _____

Billing Address & Contact (if different from above):

Applicant is applying for membership in the category below:

[] LOCAL AFFILIATE MEMBER: A Local Affiliate Member shall consist of any business, organization, or individual whose primary business is to provide services or products to TMBA Regular Members.

TOTAL DUE (Local TMBA Chapter dues only)
\$200.00

(Note: Local Affiliate Members are not required to pay State dues. Local Affiliates are considered members of the local chapter and do not receive any benefits of the State association. To receive benefits of the State Association, Local Affiliates may join VMLA as an Associate Member).

Completed applications for membership should include two (2) signatures from currently active members.

All applications should be returned to **TMBA Membership, 638 Independence Parkway, Suite 100, Chesapeake, VA 23320.** For questions call (757) 473-2160.

Please sign and date on the line below in acknowledgment of this and thereby giving permission for legal solicitations.

Authorizing Officer's Signature

Print Name and Title

Date: _____