

Date: _____ Business Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web Page: _____

Chief Executive Officer or Contact Person (Name & Title): _____

Business Summary: Please provide business profile or summary as attachment.**CORPORATE MEMBERSHIP**☐ **Silver: \$2,500**

- Receive member updates and legislative alerts
- Access to member only portion of association website
- Reduced fees for association conferences, training seminars and other related activities

☐ **Gold: \$5,000**

- Receive member updates and legislative alerts
- Access to member only portion of association website
- Reduced fees for association conferences, training seminars and other related activities
- Corporate Logo with link on association website as Gold Corporate Member

☐ **Diamond: \$10,000**

- Receive member updates and legislative alerts
- Access to member only portion of association website
- Reduced fees for association conferences, training seminars and other related activities
- Corporate Logo with link on association website as Diamond Corporate Member
- Corporate short summary on website
- Presentation at Annual Provider Conference

**Address**

2301 River Road, Suite 102
Louisville, Kentucky 40206

**Local Phone Number**

(804) 210-5679

**Email**

membership@vaaccses.org

Please complete application and send with check to address above.*MC/VISA accepted with additional 3% of charge.*