

Since 1949



Advocacy • Intelligence • Networking • Support

Membership Application

Company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail _____ Web-site _____

Number of Employees _____ Industry Sector _____

Brief Description _____

Referred by: _____

Annual Membership Dues:

Company (1-39 Emp.)	\$400	Company (140-219 Emp.)	\$1800
Company (40-79 Emp.)	\$800	Company (220-299 Emp.)	\$2400
Company (80-139 Emp.)	\$1200	Company (300+ Emp.)	\$3600

Total \$ _____

Make the check payable and send to:

VCEDA
P.O. Box 2744
Camarillo, CA 93011
Phone: 805-676-1332
Web: www.VCEDA.org
Email: Info@VCEDA.org
VCEDA Tax ID: #95-19-5685

Please email Info@VCEDA.org if you would prefer to pay by credit card, and we will process an electronic invoice for you.

Thank you for your interest in joining VCEDA!