



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

Make Checks Payable to the **Alaska Vendors Association**  
THE SUM OF \$50 DOLLARS

DATE: \_\_\_\_\_ AVA Representative: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

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AVA Receipt Form

Receipt # \_\_\_\_\_

RECEIVED FROM: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**\$50 ANNUAL DUES**

ALASKA VENDORS ASSOCIATION PO BOX 3424, Palmer, AK 99645

DATE: \_\_\_\_\_ AVA Representative \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_