



AVA MEMBERSHIP FORM

Please Print this form and mail to the address below

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

Do you want this information made available for vendor related solicitations?

Make Checks payable to: **Alaska Vendors Association** THE SUM OF FIFTY DOLLARS

Date _____
_____ AVA Representative

Check # _____ Cash _____

Receipt # _____

AVA RECEIPT FORM

RECEIVED FROM: _____

BUSINESS NAME: _____

\$50 ANNUAL DUES

ALASKA VENDORS ASSOCIATION, P.O. BOX 3424 PALMER, ALASKA 99645

Date _____
_____ AVA Representative

Check # _____ Cash _____