



2020 Industry Partner Membership Renewal

Member Name: _____

Company: _____

Address: _____

Email Address: _____

Website Address: _____

Membership January 2020 – December 2020

Industry Partner Member Dues

\$350

Please provide a brief description of your products/services:

Total Payment: \$ _____

Please return copy of invoice with payment

PAYMENT INFORMATION

Check enclosed payable to CWGVA

AMEX MC Visa Dis\

Name on Card:		
Card Number:		
Expiration Date:	Security Code:	
Billing Address:		
City:	State:	Zip:
Phone Number associated with credit card: (_____) _____		
Authorized Signature:		

Please provide the following information for any persons you would like to be added to our email list.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____