VNEA Supplier/Manufacturer Membership Application



VNEA Headquarters • 201 S. Henry Street • Bay City, MI 48706
Ph: 800.544.1346 • Fax: 989.893.0103 • e-Mail: info@VNEA.com

Company Name	
Address	
City State/	Province Zip/Postal
Phone	_ e-Mail
Contact Person	Phone
Please check (1) box below □ Corporation □ Partnership □ Sole Proprietor	VNEA Fee Schedule Annual Fee (7/1 - 6/30) \$1,500
Principals and Titles 1.	New Member Initiation Fee \$1,000
 2. 3. 	Method Of Payment
Description of Products and/or Serv	Credit Card Information
	Credit Card Zip Code CVV# Expiration Date
Authorized Signature I affirm that the information contained in this Application and hereby make application to the VNEA for Membersh.	- A 5 % Convenience ree is added to an eredit card disage,
Owners Signature	Date

Sample Recommendation Letter

To: Valley National 8-Ball League Association

Attn: Membership Committee Chairperson

Dear Sir:	
The applicant for Charter,	Owners Name
Name of Company	, is known to me. To the best of my
	erator of good character and conducts his/her
coin business in a creditable	, fair and honest manner. His/her business
policies and procedures are	in the interest of the industry.
I recommend him/her for n	nembership in (our/your) Association.
Name of Company	
Company Representative	Please Print
	Pieuse Piliit
Telephone	()
City	
State/Province	