



**Yes. I wish to become a member of VCDA! Please sign me up!**

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Membership Fee (please check one)

1. Student \$15 Annually \_\_\_\_\_
2. Municipality \$55.00 Annually \_\_\_\_\_
3. Organization of 1-10 people \$55.00 Annually \_\_\_\_\_
4. Over 10 People \$80.00 Annually \_\_\_\_\_

**IF PAYING BY CHECK, return this completed form with payment to:**  
**VCDA, c/o Morning Ag Clips, LLC**  
**PO Box 6004, Rutland, VT 05702**

**IF PAYING BY CREDIT CARD, fill out below and return with completed form to:**

**Gretchen Havreluk, Treasurer, P.O. Box 364, Jacksonville, VT 05342**

Card type: \_\_\_\_\_ Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
CCV Code \_\_\_\_\_ 3 digit code from back of card

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Signature

Date

**TO PAY BY PHONE: Gretchen Havreluk –Cell – (802) 779-2905.**