



VCA Business Sponsor Application

Please provide the VCA with the following company information:

Company: _____ Key Contact: _____

Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Briefly describe company – 25 words or less (include products or services offered):

Credit Card or Debit Card Visa MC AMX Disc

\$25/month \$75/quarter \$300/annual

Card #: _____ Exp Date: _____

Security Code: _____

The undersigned authorizes the VCA to charge the credit card/debit card in the amount outlined above.

Print Name: _____

Signature: _____

Date _____

Annual Payment Only Check #: _____

Please make check payable to VCA and mail to:

VCA
30 Lang Drive
Essex Junction, VT 05452

- Fax to 802-879-0370

- For more information, contact Aimee Koch @ 802-233-3912 or info@vtchiro.org