



## VENDOR MEMBERSHIP APPLICATION

Company Name: _____	Tax Payer Id # _____
Representative Name _____	Title _____
Company Address: _____	Company Web Site _____
City: _____	State: _____ Zip: _____
E-Mail: _____ (for F.O.A. purposes only)	
Phone # office _____	cell# _____

Products and/or services your company has to offer: _____ _____ _____ _____
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\_\_\_\_\_ Gold Member: The right to request presentation time at our meetings and web site messaging. \$750.00 Receive complete list of all franchisees and current FOA members. Promotional information forwarded to members with Board approval.

\_\_\_\_\_ Silver Member: Receive complete list of all current FOA members \$ 500.00 Promotional information forwarded to members with Board approval.

\_\_\_\_\_ Bronze Member: Promotional information forwarded to members with Board approval. \$ 250.00

I the undersigned, hereby apply for membership in the Chesapeake Division 7-Eleven Franchise Owners Association. Vendor Membership is to begin upon receipt of the application, dues, and approval of the Board of Directors.

The membership fee will be due annually in January.

Memberships can be up-graded at any time by paying the additional dues.

The Board of Directors reserves the right to terminate any member whose actions are deemed unacceptable.

X \_\_\_\_\_  
Signature Date

Please return completed applications to Chesapeake Division 7-Eleven F.O.A. 7720 Telegraph Road Alexandria VA – 22315, Contact No. 571-344-2781( Cell), 703-971-3412 ( Store) Or fax completed application to (703) 921-9607.