

**Virginia Four Wheel Drive Association**  
Advisory Membership Application

Date: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please include a copy of the advertisement you would like to appear in our newsletter, "Four Wheeling in Virginia."

**Company Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Website URL: \_\_\_\_\_

Check below which advertising schedule you would like to implement.

1/2-page ad in 4 issues

Full-page ad in 2 issues

Please make check for \$75.00 payable to Virginia Four Wheel Drive Association.  
Mail to: P.O. Box 722,  
Mechanicsville, VA 23111

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*This receipt for use with orders placed in person with VA4WDA Representative*

**Virginia Four Wheel Drive Association**  
Advertising Receipt

Date: \_\_\_\_\_ Received From: \_\_\_\_\_

Amount: \_\_\_\_\_ Dollars \$ \_\_\_\_\_

Effective Date of Ads: \_\_\_\_\_ through \_\_\_\_\_  
*(date of next issue) (1 year from date of next issue)*

Signed: \_\_\_\_\_

*Virginia Four Wheel Drive Representative*