

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 \$100.00 payable to Virginia Four Wheel Drive Association.
Mail to: P.O. Box 722,
Mechanicsville, VA 23111

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