



Membership Application

No Fees

No Fees

Name:			
Title:			
Company:			
Address:			
Office Phone:		Cell:	
Email:			
Yes _____ No _____ We are a manufacturing company			
<input type="checkbox"/> Check box to become a member of SJVMA			
<input type="checkbox"/> Add me to the SJVMA database to receive updates and invitations			

Signature _____ Date _____

**Please send completed form to Sam Geil at samgeil53@gmail.com*