



APPLICATION FOR MEMBERSHIP

Name of Business or Organization

Name of Contact

Street & Mailing Address

City or Town Zip

Telephone Number

Email

Website

Signature

Date

Please return to:
VERMONT ATTRACTIONS ASSOCIATION MEMBERSHIP
P.O. BOX 1284
MONTPELIER, VT 05601
or email to attractions@vtchamber.com

Vermont Attractions Association membership is exclusive to attractions only as defined in the Bylaws of the organization. Member applications and approval are subject to a vote by the Board of Directors. Vermont Attractions Association reserves all rights for determining member acceptance requirements and guidelines.



Please answer the following questions to be considered for membership.

1. Describe in detail the nature of your business or organization:

2. What is the experience or education component of your business or organization?

3. What makes your business or organization appealing to visitors and tourists?

4. What year did your business/organization begin? _____

5. What are your dates and hours of operation?

6. Do you charge admission? ____ Please indicate the levels:

7. Do you provide parking for visitors? Yes ____ or No ____

Number of Handicapped Accessible spaces ____

8. Are you able to host tour buses, or more than 40 people at a time? Yes ____ or No ____

Is your parking facility large enough for a tour bus to park? Yes ____ No ____

9. Do you provide public restrooms? Yes ____ or No ____

Number of Handicapped Accessible _____

10. Are food and beverages available for visitors at your facility? Yes ____ or No ____

Please describe: (snack bar, vending machines, restaurant, etc.) _____

11. Do you have a gift or retail shop? ____ Please describe: (including what you sell)

12. Do you have a promotional brochure for visitors? Yes ____ or No ____

13. Would you be able to print up to 20,000 brochures annually for the member-to-member distribution program? Yes ____ No ____



14. VAA provides a brochure rack for all members (69"h x 32"w x 19"d in size) to be displayed inside your business in a high-traffic location. Do you have the indoor space for the VAA rack?
Yes ____ or No ____

15. How many employees do you have? _____

16. Do you have personnel available to explain the operation of your attraction?
Yes ____ or No ____
If yes, please describe:

17. Do you have interpretive displays and/or materials that explain and describe your operation? Yes ____ or No ____

18. The Vermont Attractions Association meets twice a year as an organization. Can you, or a member of your staff participate in at least one per year? Yes ____ No ____

19. Would you or a staff member be interested in and bring expertise to a committee?
() Brochure/Map () Marketing () Membership () Website () Other

20. Is there anything else that you would like to have us know when considering your possible membership?

21. Submit a photo (high resolution) of your attraction to attractions@vtchamber.com

22. Submit (write here or email to attractions@vtchamber.com) a 50-word description of your attraction that would be used for the VAA Map and online listing: (Include address, phone, email, web address).

**VERMONT ATTRACTIONS ASSOCIATION,
P.O. BOX 1284, MONTPELIER, VT 05601
attractions@vtchamber.com 802-229-4581**