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APPLICATION FOR ASSOCIATE MEMBERSHIP

Firm Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ ***Facsimile:*** _____

E-Mail: _____ ***Web site:*** _____

**We are: ___ Suppliers of Equipment, Materials or Service to Vinegar
Manufacturers and Bottlers**

We wish membership in order to promote the best interests of the vinegar industry and agree to actively support The Institute and its programs. We understand our membership may be terminated at any time by filing a written resignation after fulfilling all financial obligations.

Our check for the first year's dues is enclosed. (*Please refer to the attached Dues Schedule.*)

Name: _____

Title: _____

Date: _____

While contributions or gifts to this association are not tax deductible as charitable contributions for federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.