



**APPLICATION FOR ALLIED MEMBERSHIP**

**Please print all information**

New

Renewal

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

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

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Toll free \_\_\_\_\_

Email \_\_\_\_\_ Company web site \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Please indicate VRHP member who referred you (if applicable) \_\_\_\_\_

Annual Enrollment fee  
(dues are for 365 days from date of application)

\$350

**TOTAL ENCLOSED**

\_\_\_\_\_

**If paying by check, make payable and mail to:**

Vacation Rental Housekeeping Professionals  
PO Box 681902  
Park City, UT 84068-1902  
Fax: 800-741-6988

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_

Please print name as it appears on card: \_\_\_\_\_  VS  MC

CVV2 Number: \_\_\_\_\_ (last three digits of the set of numbers that appear on the back of your card)

Upon receipt of your enrollment, we will send you a confirmation packet that includes membership certificate(s), logo slicks, door decals, and a subscription to *Vacation Rental Housekeeping*.