



Vacation Rental Housekeeping Professionals, Inc.
Membership Application/Renewal

Please print all information

Company Name _____

Mailing Address _____

City, State, Zip _____ Company web site _____

Phone _____ Fax _____ Email _____

Contact Person _____ Toll Free Number _____

Please indicate the **VRHP member** who referred you, if applicable _____

Enrollment fee of \$350 is due with application _____

Additional membership certificates @ \$5 (to be able to post in each office location) _____

Total Due _____

If paying by check make payable and mail to:
Vacation Rental Housekeeping Professionals (VRHP)
PO Box 681902
Park City, UT 84068-1902

Credit Card # _____ Expiration Date _____

Name as it appears on the card _____ Visa _____ Mastercard _____

Mailing Address _____

City, State, Zip (for the card): _____

Three digit security code (on back of card) _____

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

Fax: 800-741-6988 email: housekeepingpros@aol.com