



****Invoice****
Annual Vendor Associate Membership

Each membership entitles ONE MEMBER to attend WCHA Business Meetings

\$100.00 Per Vendor Member

Name _____

Town/Business _____ Title _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email (**Print Clearly**) _____

**PLEASE NOTE THAT ALL INFORMATION THAT YOU PROVIDE IS LISTED
ON OUR WEBSITE FOR OTHERS TO MAKE CONTACT WITH YOU.
PLEASE INFORM US IF YOU DO NOT WANT YOUR INFORMATION LISTED**

**All WCHA Association correspondence including notices
and meeting information is sent via email ONLY.
Thank you for printing your email clearly above!**

**Please return this Invoice and make check payable to:
Worcester County Highway Association
P.O. Box 446 Clinton, MA 01510**

**info@worcestercountyhighway.com
www.worcestercountyhighway.com**

Thank you for your Membership!