



Invoice

Vendor Associate Membership

2025 Vendor Associate Membership \$100.00 Per Person

Name _____

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 correspondence including future Dues Invoices
And all 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**

Paper Check is the only form of payment at this time.

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

Thank you for your Membership!

