



# Invoice

## Vendor Associate Membership

### 2026 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.**

**If you have any questions or changes please email  
[info@worcestercountyhighway.com](mailto:info@worcestercountyhighway.com)**

**Thank you for your Membership!**

**[www.worcestercountyhighway.com](http://www.worcestercountyhighway.com)**