



Utah Vapor Business Association Membership Application



Business Name: _____

Owner's Name: _____

Physical Address: _____

City: _____ St: _____ Zip: _____

Telephone: (_____) _____

Fax: (_____) _____

Email: _____

Website: www. _____

Association Contact Name: _____

Association Contact Email: _____

The above mentioned business is applying for membership under the following category of membership: (check one)

Regular Member: Regular member is any person, firm, partnership, joint venture, corporation or entity currently engaged solely in the retail, wholesale or distribution of any type of vapor products, services or supplies.

Manufacturer/Supplier Member: Manufacturer/Supplier member is any person, firm, partnership, joint venture, corporation or entity that engages through manufacturing, wholesale distribution, or otherwise in a business that supports or enhances a regular member's business as determined by the Board of Directors.

UTAH VAPOR BUSINESS ASSOCIATION CODE of ETHICS

- Members have a general duty of integrity, honor and fair dealing toward the general public.
- Members shall comply with all city, county, state and federal laws and shall endeavor to keep themselves informed of those laws governing their business.
- A member shall not intentionally injure the business reputation of another member or competitor.
- We will employ truth and accuracy in advertising and selling of our products.
- Members shall stand by any guarantee given with the sale of vapor products.
- Members shall not perform any act that would bring disrepute to the vapor industry.
- Members shall report where found, any scheme designed to deceive or defraud the public regarding the vape industry.
- We shall constantly strive to encourage the American system of free enterprise.
- Members shall adhere to and follow the established anti-trust disclosure as established by the Utah Vapor Business Association and all anti-trust laws.

Annual Dues	\$3000	Check Enclosed (preferred) <input type="checkbox"/> Credit Card <input type="checkbox"/> Amount \$ _____ Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/>
Sign up Fee	\$100	CC# _____ Exp Date: _____ Name on Card: _____ CVC #: _____
Total	\$3100	Authorized Signature: _____ <p style="text-align: right; font-size: small;">Email to UVBA: info@UtahVapor.com</p>
Check or Cash Payment Preferred.		

Authorized Signature: _____ Date: _____

I certify that (I am or we are) eligible for membership in the UVBA. I agree upon signing of this application and if accepted as a member, I pledge to uphold the bylaws of the association, its code of ethics, and all Local, State, and Federal laws pertaining to the vapor industry.

It is important to me to be recognized as a professional! Enclosed are my annual dues to make sure that my business has all the advantages UVBA provides to put me at the forefront of my profession. By completing this application and until I give written notice to discontinue, I am consenting to and giving UVBA, its affiliates and subsidiaries, my permission to contact me and provide information to me at the mailing and email addresses, telephone, and fax number(s) I have provided.