



Membership Renewal Form

Please complete this information to renew you SVTA membership.

Primary Contact Name: _____

Company Name: _____

Admin Mailing Address: _____

City, State, Zip: _____

Phone: _____ Cell #: _____

Email of primary contact (please print): _____

County / City of Primary Member _____

Member Types:

Class A – \$1,500 Major Attractions & Resorts

Class B – \$ 360 Other Attractions,

Restaurants, Chambers, Towns, Counties,

Gift/Antique & Retail Stores, Event

Class C – \$ 600 Tourism Offices (DMOs)

Class D – \$300 Specialty Lodging

Class D – \$420 Traditional & Multi-Property Lodging

\$300 each 3 to 5 properties \$250 each 6+ or

more

Class E – \$50 Patron (individual)

Class F – \$250 Associate/Services

Total Due: \$ _____

Payment Options:

If paying by check, make payable to Shenandoah Valley Travel Association, P.O. Box 261, Luray VA 22835.

If paying by credit card, please pay online at www.mysvta.org, call 800-847-4878 or email svta@mySVTA.org and request a call back to take payment by phone.

Shenandoah Valley Travel Association

PO Box 261 • Luray, VA 22835 • 800-847-4878 • www.visitshenandoah.org • www.visitskylinedrive.org