

VIRGINIA BANKERS ASSOCIATION

2019 VBA Compensation Survey Order Form

Name: _____
Email Address: _____
Send To: _____
CEO Approval: _____
 (If not CEO above)

(Signature)

(Print Name)

Mail To : _____
Address: _____

Telephone: _____

<u># of Copies</u>		<u>Participant Rate</u> (PDF file)	<u>Non-Participant Rate</u> (PDF file)	<u>Custom Report</u> (PDF file) <u>See below</u>		<u>Total</u>
	@	\$300				\$
	@					\$
	@		\$500			\$
	@					\$
	@			\$400		\$
	@					\$
					Total	\$
					Virginia State tax 5.3%	\$
					Total Due	\$

Custom Report: (Please allow at least 2 weeks for processing.)

Name the banks below to be included (*You must select a minimum of 5 banks that participated in the survey*):

	Bank Name	City		Bank Name	City
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

___ Check or money orders made payable to **VBA Management Services, Inc.** is enclosed.

___ VISA ___ MasterCard ___ American Express ___ Discover

Card #: _____ Expiration Date: _____ Security Code: _____

Cardholder Name: _____ Signature: _____

For Security Purposes - Card Issuance Data:

Address: _____

Return to:
 Amy Binns
 VBA Management Services, Inc.
 4490 Cox Road
 Glen Allen, Virginia 23060
 Office: (804) 819-4726
 Secure Fax: (804) 495-8495