

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CONSUMER AFFAIRS**

PO Box 526 • Richmond, VA 23218-0526

Consumer Protection Hotline (800) 552-9963 or (804) 786-2042 • Fax: (804) 225-2666 • www.vdacs.virginia.gov

OCA-21 Revised 07/06

**APPLICATION FOR REGISTRATION
TRAVEL CLUBS**

1. Name of business: _____

Trading as: _____

Business address(es): _____

City _____ State _____ Zip _____

Telephone: (____) _____

Type of business: Corporation Partnership Sole Proprietorship

Nature of business: _____

2. Location (if different) where business records are kept:

Street _____

City _____ State _____ Zip _____

3. Is this a publicly held corporation? Yes No If not, list the name and address of any person who directly or indirectly owns or controls a ten percent or greater interest in this business:

4. Please provide a brief description of the services offered through, and the benefits of membership in the travel club.

5. Provide the name and address of the surety company that issued a bond or the name and address of the bank that issued a letter of credit pursuant to section 59.1-447. **Attach the original bond or letter of credit to this application and mark as Exhibit A.**

Bond number or letter of credit number: _____

6. Have you attached the bond or letter of credit? Yes No

If no, please explain why: _____

7. Provide the name and address of the surety company authorized to do business in Virginia who has issued a **fidelity bond**, pursuant to section 59.1-447.1, in the amount equal to the total of the deposits in the escrow or \$25,000.00, whichever is greater. **Attach the bond to this application and mark as Exhibit B.**

Bond number: _____

8. Have you attached this fidelity bond? Yes No

If no, please explain why: _____

9. Attach to this application a copy of the travel club agreement(s) which the provider intends to execute with the consumer and any brochures or other literature which explains the offering.
(Mark Exhibit C)
10. Attach a copy of the travel club **public offering statement** as required by section 59.1-448.1 (a).
(Mark Exhibit D)
11. Attach your check, payable to the **Treasurer of Virginia** in the amount of **\$350** to the enclosed remittance form and follow the instructions for mailing at the bottom of the remittance form.
12. **OATH OR AFFIRMATION:**

I, the undersigned, swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement, pursuant to the laws of the Commonwealth of Virginia.

Signature of sole proprietor or officer

Print name

Title

Date

Daytime Telephone No

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public's Signature

My commission expires (date)

Note: the owner, authorized officer or agent must sign this registration application. Registration forms that are not completely and properly filled out, signed and notarized will be considered deficient and not be effective.