



Membership Application

COMMISSION/CVB INFORMATION

Name _____

Director _____ Years of Employment _____

Address _____ City _____ Zipcode _____

Telephone _____ Toll Free _____ Fax _____

Email _____ Website _____

ESTABLISHMENT INFORMATION

___ City ___ County ___ Joint

Commission funded by ___% Bed tax, ___% Covention tax and ___% Restaurant tax

Number of hotel/motel rooms _____

Total Budget _____

PERSONAL INFORMATION (OPTIONAL)

Birthday _____

Cell Phone _____ Home Phone _____

Spouse _____