

LACVB MEMBERSHIP APPLICATION

CEO & Organization Information		
Name:		
Title/CVB:		
Mailing address:		
Phone:	Fax:	Email:
City:	State:	Zip Code:
CVB Dues Structure		
Category / Operating Budget	Membership	Dues Amount (select one)
Category 1 / Under \$50,000	CEO Membership	_____ \$175
Category 2 / \$50,001 - \$200,000	CEO Membership	_____ \$475
Category 3 / \$200,001 - \$500,000	CEO Membership	_____ \$775
Category 4 / \$500,001-\$1,000,000	CEO Membership	_____ \$1,075
Category 5/ \$1,000,001-\$2,500,000	CEO Membership	_____ \$1,475*
Category 6/ \$2,500,001 and up	CEO Membership	_____ \$2,075**
Additional Staff Members	Staff Membership	_____ \$75
<small>*Category 5 will receive one additional staff member included</small>	<small>**Category 6 will receive three additional staff members included</small>	
Associate / Allied Member's Dues Structure		
Allied Membership	Other (Non-CVB partners)	----- \$500
Membership year begins January 1 st and ends the following December 31 st .		
Make checks payable to: LACVB		
Professional Staff Membership		
Name:		
Title:		
Phone:	Fax:	Email:
Professional Staff Membership		
Name:		
Title:		
Phone:	Fax:	Email:
SIGNATURES		
I authorize the verification of the information provided on this form is correct. I have received a copy of this application.		
Signature of CEO:		Date: