

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 \$100,000	CEO Membership	_____ \$350
Category 2 / \$100,000 - \$500,000	CEO Membership	_____ \$650
Category 3 / \$500,001 - \$1,000,000	CEO Membership	_____ \$950
Category 4 / Over \$1,000,000	CEO Membership	_____ \$1,250
Additional Staff Members	Staff Membership	_____ \$50
Associate / Allied Member's Dues Structure		
Associate Membership	Louisiana Tourism Partners	----- \$300
Allied Membership	Out-of-State Partners	----- \$300
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: