

GLENDALE CONVENTION & VISITORS BUREAU
Membership Application

Company _____

Main Contact _____

Title _____

GM/Owner _____

Physical Address _____

City _____ State _____ Zip _____

Mailing/Sales Address _____

City _____ State _____ Zip _____

Business Telephone _____

Toll-Free Phone _____

E-Mail Address _____

Fax _____

Website _____

50-word description of your business: _____

Please check Membership Dues Structure/Category (See Membership Fee Schedule for detailed information regarding each category):

- Education
- Entertainment/Event Venue
- Financial Institution
- Golf/Golf Course
- Hospital
- Hotel/Resort/Motel
- Meeting Planner
- Museum/Cultural/Heritage
- Non-profit
- Utilities/Corporations
- Restaurant
- Retail
- Spa
- Tours
- Transportation
- Employee Based/Other _____
- Associate Membership

GLENDALE CONVENTION & VISITORS BUREAU
Membership Application

Applicant Signature _____ Date _____

Membership Payable to City of Glendale via Check or Credit Card

MasterCard Visa American Express

Account Number _____ Expiration Date _____

Credit Card Holders Name _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

FOR OFFICE USE ONLY

Category Name _____

Annual Dues _____

Application & Processing Fee _____

Additional _____

Total \$ _____

Check # _____ Amount _____ Date Received _____

Accepted by _____