

| LACVB MEMBERSHIP APPLICATION | | |
|---|----------------------------|---------------------------------|
| CEO & ORGANIZATION INFORMATION | | |
| Name: | | |
| Title/CVB: | | |
| Mailing address: | | |
| Phone: | Fax: | E-mail: |
| City: | State: | ZIP Code: |
| PROFESSIONAL STAFF MEMBERSHIP | | |
| Name: | | |
| Title: | | |
| Phone: | E-mail: | Fax: |
| PROFESSIONAL STAFF MEMBERSHIP | | |
| Name: | | |
| Title: | | |
| Phone: | E-mail: | Fax: |
| PROFESSIONAL STAFF MEMBERSHIP | | |
| Name: | | |
| Title: | | |
| Phone: | E-mail: | Fax: |
| CVB DUES STRUCTURE | | |
| Category / Operating Budget | Membership | Dues Amount (select one) |
| Category 1/ Under \$75,000 | CEO Membership | ___ \$100 |
| Category 2/ \$75,001 - \$150,000 | CEO Membership | ___ \$200 |
| Category 3/\$150,001 - \$300,000 | CEO Membership | ___ \$400 |
| Category 4/\$300,001 - \$500,000 | CEO Membership | ___ \$650 |
| Category 5/\$500,001 - \$750,000 | CEO Membership | ___ \$1000 |
| Category 6/\$750,001 - \$1 Million | CEO Membership | ___ \$1250 |
| Additional Staff Members | Staff Membership | ___ \$50 |
| ASSOCIATE/ALLIED MEMBERS DUES STRUCTURE | | |
| Associate Membership | Louisiana Tourism Partners | ___ \$300 |
| Allied Membership | Out-of-State Partners | ___ \$400 |
| Membership year begins January 1 st and ends the following December 31 th . | | |
| Make checks payable to LACVB | | |
| 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: |