

MEMBERSHIP APPLICATION



Business/Organization Name _____

Type of Business _____

Contact Person _____ Title _____

Telephone () _____ - _____ Fax () _____ - _____

Address _____

City/Town _____ State _____ Zip _____

E-mail _____

Web URL _____

Please submit a 25-35 word brief description of your business/organization.

**Central
Massachusetts/Worcester
County Convention &
Visitors Bureau**

**30 Elm St. 2nd Floor,
Worcester, MA 01609**

**Phone: (508) 755-7400
Fax: (508) 754-2703**

(Information subject to change due to editing purposes)

Hours of Operation: _____

Phone number for Consumer Information () _____ - _____

Admission _____

Senior/Student discounts _____

Payment Information

Membership Investment (see rates sheet) \$ _____

Would you like a link from our website to yours? (\$50) (Circle) YES NO \$ _____

Additional links in more than one category (\$25 each) \$ _____

Total Annual Dues: \$ _____

Business Category (according to investment) _____

Please fill out the following if applicable to your organization:

Accommodations: How many rooms? _____
Restaurants: How many seats? _____
Attractions: Annual Sales? _____ (see rate sheet breakdown)
Conventions/Meeting sites: Annual Sales? _____ (see rate sheet breakdown)

Paying by: 1 CHECK 1 AMERICAN EXPRESS
1 MASTERCARD
1 VISA 1 DISCOVER

If paying by Credit Card,
Credit Card number: _____ Expires: _____

Signed _____ Date _____