



Date Received: _____

A P P L I C A T I O N F O R M E M B E R S H I P

BUREAU NAME: _____

PRIMARY CONTACT: _____ POSITION: _____

SECONDARY CONTACT: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ FAX #: _____

BUSINESS PHONE: _____ TOLL FREE: _____

INTERNET ADDRESS: _____

PRIMARY CONTACT EMAIL ADDRESS: _____

BUREAU MISSION STATEMENT:

DATE OF ORGANIZATION: _____

(MONTH)

(YEAR)

ARE YOU THE RECOGNIZED ENTITY TO PROMOTE YOUR COUNTY/CITY? _____ YES _____ NO

Please include a copy of your county ordinance and/or county resolution.

ANNUAL AMOUNT SPENT ON

BUDGET: _____ DESTINATION MARKETING: _____

PERCENT OF INNKEEPER'S TAX COLLECTED: _____

PERCENT OF INNKEEPER'S TAX RECEIVED BY YOUR BUREAU: _____

If innkeeper's tax is divided, please show a breakdown below:

COMMUNITY/COUNTY/CITY POPULATION: _____ # OF HOTEL/MOTEL ROOMS: _____

LIST ALL TOURISM-RELATED ORGANIZATIONS TO WHICH YOUR BUREAU BELONGS:

Continued on next page

NUMBER OF PAID FULL-TIME STAFF: _____

LIST ALL PAID FULL-TIME STAFF POSITIONS:

NUMBER OF PAID PART-TIME STAFF: _____

LIST PAID PART-TIME STAFF POSITIONS: _____

LIST ALL OTHER STAFF POSITIONS (INCLUDE VOLUNTEER POSITIONS):

WHAT DOES YOUR BUREAU WISH TO GAIN THROUGH MEMBERSHIP IN AICVB?

RETURN THIS COMPLETED FORM WITH:

- 1. DUES (prorated, if appropriate)**
- 2. COUNTY ORDINANCE AND/OR COUNTY RESOLUTION**
- 3. LETTERS OF RECOMMENDATION FROM TWO CURRENT AICVB MEMBERS**

PLEASE MAIL TO:

Cathi Wineland
AICVB
1515 E. 80th Street
Indianapolis, IN 46240

THANK YOU!