



AFFILIATE MEMBER APPLICATION

AFFILIATE MEMBERS \$110

Company Name: _____

Name/Title of Person to Receive Correspondence: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Web Address: _____

County (if within PA): _____

20-word description of your company's products/services: _____

Signature of Applicant: _____

Benefits of Membership

Listing on website as Affiliate Member; ListServe participation; eNews; Invitations to Special Events; Updated Membership Mailing Lists; Opportunities to Attend, Exhibit and/or Sponsor the Annual Fall and Spring Conferences and the Annual Tourism & Travel Legislative Dinner.

Affiliated members shall be any person, firm, partnership, corporation, or other legal entity used as suppliers, manufacturers of services and/or materials or those engaged in selling products or commercial/professional services to members of the Association.

PAYMENT INFO:

Amount enclosed: \$ _____

METHOD OF PAYMENT

- Check/Money Order Mastercard
- American Express VISA
- NOVUS/Discover

*Make checks payable to
PA Association of Convention & Visitors Bureaus*

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Credit Card Account Number

____|____| / ____|____|
Expiration Date

Cardholder's
Signature _____

Cardholder's Billing Address _____

Return to:



Pennsylvania Association of
Convention and Visitors Bureaus
128 Locust Street, Lower Level
Harrisburg, PA 17101