

MEMBERSHIP APPLICATION

ORGANIZATION			DATE APPLIED
mailing address (city, state, zip)			
Physical address (city, state, zip)			
BUSINESS PHONE	MOBILE PHONE		FAX NUMBER
email address		WEBSITE ADDRESS	
OWNER OR PRIMARY OFFICER		TITLE	
TLC BILLING CONTACT		TITLE	
NUMBER OF EMPLOYEES	Please li	IST ADDITIONAL EMPLOYEES ON BACK OR SEND IN SEPARATE FILE. ALL EMPLOYEES ARE TLC MEMBERS.	
Dues Information			
Membership goes from March through February pro-rated on a monthly basis. Please call the TL Please indicate the number of rooms, seats or e	C office if you need	assistance calculating you	ir dues.
LODGING PROPERTIES			NUMBER OF ROOMS
Larger hotel properties (100 rooms or more) Motels, Inns and Bed & Breakfasts		\$4.95 per room \$3.30 per room	
RESTAURANTS			NUMBER OF SEATS
I-50 Seats		\$220.00	
51-150 Seats		\$330.00	
More than 150 seats		\$440.00	
INDUSTRY-RELATED BUSINESS			NUMBER OF EMPLOYEES
I-10 Employees		\$220.00	
II-35 Employees		\$330.00	
36-75 Employees More than 75 Employees		\$440.00 \$550.00	
Payment Information			
annual dues \$		PRO-RATED DUES \$	(for new members joining Feb Dec.
check enclosed (made payable to Tourism Lea	dership Council)		
CHARGE MY CREDIT CARD	ss 🗆 Discover	□ Mastercard □ Vis	SA .
CARD NUMBER		EXPIRATION [DATE
SIGNATURE		BILLING STREE	ет #
DILLINIC ZID CODE		SECLIPITY CO	



ADDITIONAL EMPLOYEES

INAPIE	TITLE	
Email Address	Phone	
	I	
Name	TITLE	
Email Address	Phone	
Name	TITLE	
Email Address	Phone	
	'	
Name	TITLE	
EMAIL ADDRESS	Phone	
	'	
Name	TITLE	
EMAIL ADDRESS	Phone	
Name	TITLE	
Email Address	Phone	
Name	TITLE	
Email Address	Phone	
	·	
Name	TITLE	
Email Address	Phone	
How did you hear about the TLC?	BUSINESS NAME	
I SUGGEST THE FOLLOWING BUSINESS BE CONTA	CTED REGARDING TLC MEMBERSHIP	
CONTACT NAME	PHONE	