

Membership Application



Membership Category (circle one)

CVB Education Corporate Lifetime

Organization _____

Contact _____

Title _____

Email address _____

Mailing address _____

City _____ State _____ Zip _____

Main phone _____ Toll-free _____

Direct phone _____ Cell phone _____

Fax _____ Website _____

For CVB members:

County _____ Tourism Region _____

Service area (municipalities and/or counties) _____

Annual budget \$ _____ % of annual budget from Hotel/Motel Tax _____ %

Number of full-time employees _____ part time employees _____

Annual Membership Investment:

CVB members

Category	Annual Budget	Dues
Category 1	under 99,999	\$200
Category 2	\$100,000 – \$249,999	\$300
Category 3	\$250,000 – \$499,999	\$400
Category 4	\$500,000 – \$999,999	\$500
Category 5	\$1,000,000 – \$1,999,999	\$600
Category 6	Over \$2 million	\$700
Corporate members		\$500 includes directory ad
Education members		\$200
Individual student		\$50
Life member		\$50
Additional contact from any organization		\$50

Mail application and dues payment to:

GACVB

P.O. Box 30009

Savannah, GA 31410

Questions? Visit www.gacvb.com or call 912.897.6339