



APPLICATION FOR BUSINESS MEMBERSHIP

DATE _____

ORGANIZATION NAME _____

NAME OF ACTIVE REPRESENTATIVE _____

REPRESENTATIVE'S TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX NUMBER _____

EMAIL _____ WEBSITE _____

NAME AND TITLE OF CHIEF EXECUTIVE OFFICER _____
(if different than representative)

ASSOCIATE

Any firm, association, organization, or corporation which holds active membership in the FCVB may designate additional representatives from its organization to "associate membership" based on two members for each active membership. Associate members are eligible to receive all services and benefits of regular active members, except that active members only shall hold the right to vote in matters brought before the membership. List additional Associate Members you wish to name at \$20.00 each:

Name _____ Title _____

Address _____

Telephone _____

The Farmington Convention & Visitors Bureau (FCVB) is a non-profit organization

Send completed application along with fee to:

Farmington Convention and Visitors Bureau

Attn: Esperanza Pino

3041 E Main

Farmington, NM 87402