



NORTH CAROLINA ASSOCIATION OF CONVENTION & VISITOR BUREAUS

APPLICATION FOR MEMBERSHIP

Name _____
 Title _____
 Bureau Name _____
 Mailing Address _____ Zip Code _____
 Street Address _____ Zip Code _____
 City _____ State _____
 Telephone _____ 800# _____ Fax _____
 Internet Address _____ Email _____

- Is your organization operated on a not-for-profit basis?
 Yes
 No
- Its principal purpose (check appropriate box):
 the solicitation and servicing of conventions and the promotion of tourism
 the solicitation and servicing of conventions only
 the solicitation and servicing of tourism only
- Is it recognized as the representative bureau exercising that function in your city/county?
 Yes No
 If no, please explain: _____

DUES STRUCTURE	
Budget	Dues
Associate -	\$300
\$120,000 or less -	\$600
\$120,001 to \$300,000 -	\$1,200
\$300,001 to 650,000 -	\$2,250
\$650,001 to \$1,000,000 -	\$3,500
\$1,000,001 to \$1,500,000 -	\$4,500
\$1,500,001 to \$2,000,000 -	\$5,750
\$2,000,001 and above -	\$6,750

- Is it independently operated?
 Yes No
 If no, does it function as part of a government agency or a department of another organization? _____
- Brief history of applying organization: dates of founding, etc. Please attach additional page to this application. A copy of your organization's articles of incorporation and/or bylaws must accompany this application.
- Organization's annual operating budget:
 Dates of fiscal year Jan - Dec Jul - Jun Other
- Are you the principal paid executive of the applying organization: Yes No
- How long have you held your current position with the applying organization? _____
- Name and title (or body) to whom you report: _____
- This application is for (check one): Regular Membership Associate Membership

Signature of Applicant _____ Date _____

NCACVB
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