



MEMBERSHIP APPLICATION

Full Business Name: _____

Contact Person: _____

Business Address: _____

Mailing Address: _____

Type of Business: _____ # of Employees _____

Telephone: (____) _____ Fax: (____) _____

Email Address: _____ Website _____

What services or amenities does your business offer? _____

Eligibility to become a member of the San Bernardino Convention & Visitors Bureau requires that your business must reside and operate within the city limits of San Bernardino. If your business is outside of San Bernardino, you are eligible to be represented in our regional California Welcome Center – San Bernardino by contacting Wayne Austin at wayne@san-bernardino.org

Authorizing Signature _____ Date _____

Title: _____

**Annual Dues: \$300.00 Membership Fee* due January 1 each year
(New members will be prorated on quarterly basis.)**

*Membership includes listing on www.san-bernardino.org website; listing on www.cwcinlandempire.com website, rack brochure placement at the California Welcome Center – San Bernardino and listing on Regional Attractions Board if applicable.

Cash: \$ _____ Check Number: _____ Amount Enclosed: _____

Send Payment to:

San Bernardino Convention & Visitors Bureau
1955 Hunts Lane, Suite 102, San Bernardino, CA 92408
Phone: 909-891-1151 Fax: 909-891-1873 Web: www.san-bernardino.org

