



2010 Membership Agreement

Please Print or Type All Information

Company Name _____
 Contact Person _____
 Title _____
 Mailing Address _____

 Physical Address _____
 Phone Number _____
 Fax Number _____

Number of Employees _____

Check (made payable to WVCB) Check # _____
 or Visa or Mastercard (circle one)
 _____ - _____ - _____
 Exp. Date ____ - ____ Amount: _____
 Signature: _____

E-mail _____
 Website _____

Type of Business (Check all that apply)

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Auto/Travel | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Lodging | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Historical | <input type="checkbox"/> Media | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Community Org. | <input type="checkbox"/> Home Improvement | <input type="checkbox"/> Meeting Facility | <input type="checkbox"/> Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Individual | <input type="checkbox"/> Personal Services | <input type="checkbox"/> The Arts |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fraternal Organization | <input type="checkbox"/> Local Government | <input type="checkbox"/> Recreation | _____ |

Membership (Full Calendar Year)		check a category
Non-Profit Group/Agency <i>or</i> Non-Business Owing Individual	\$50	
1-9 Employees	\$75	
10-Plus Employees	\$100	
Hotels 1-150 Rooms	\$200	
Hotels 151-Plus Rooms	\$300	

Signature: _____

What to do next:

- If you would like additional information about your business/organization to appear with your listing on www.visitwesterville.org, please fill out the attached sheet. This information can be changed at any time. Just give us a call or send us an e-mail and we'll update it for you!
- Which month you would like your business or organization featured on the "Member Spotlight" section of our Homepage? Preferred Month: _____ Second Choice: _____. If you'd like, e-mail us a photo or a logo to use along with a description. (Permission to use for promotional purposes is implied.)
- Send your Membership Agreement, Description and Payment to: WVCB, 20 W. Main St., Westerville, OH 43081.
- Call us with questions at 614-794-0401 or e-mail us at info@visitwesterville.org.

Thank you for investing in your community by supporting the WVCB!

