



## APPLICATION FOR MEMBERSHIP

DATE \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

NAME OF ACTIVE REPRESENTATIVE \_\_\_\_\_

REPRESENTATIVE'S TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ www \_\_\_\_\_

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 Associate Members you wish to name at \$20.00 each:

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**The Farmington Convention & Visitor's Bureau (FCVB)  
is a non-profit organization**

**Send completed application along with fee to:**  
Farmington Convention and Visitors Bureau  
Attn: New Membership Services  
3041 E Main  
Farmington, NM 87402