



APPLICANT INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ **Fax Number: _____ Toll-free Phone Number: _____

Company Web site: www. _____

Our Web site will link to yours automatically

Main Contact Name: _____ Title: _____

E-mail Address: _____

Experience Columbus Extranet password: _____

Billing Address (if different than business address): _____

City: _____ State: _____ ZIP: _____

Billing Contact (if different than main contact): _____ Title: _____

E-mail Address: _____

Billing Contact's Experience Columbus Extranet password: _____

****By providing my fax number and/or e-mail address and by signing and returning this form, I give my express permission for Experience Columbus to contact me and my organization by fax and e-mail. I understand that I can change my communication preferences at any time. Experience Columbus reserves the right to edit all member information.**

Authorized Signature: _____

METHOD OF PAYMENT

Make checks payable to Experience Columbus. Fax completed form to: 614-221-5618, Attn.: Membership Department, or mail to Experience Columbus, Attn.: Membership Department, 277 W. Nationwide Blvd., Ste. 125, Columbus, OH 43215.

Credit Card Account # _____ *Check one:* MC Visa AmEx Discover

Name on Card (please print): _____

Expiration Date: _____

Authorized Signature: _____

Annual membership dues: \$ _____
(Call 614-222-6101 and talk with a Membership staff person for help in completing this area.)

Your one-year membership is effective from the date of payment and renews annually, unless we receive written notification from you.

LET US KNOW HOW YOU'RE "GREEN"

Experience Columbus has adopted "green" initiatives in its marketing and sales efforts. Share below how your company is "green" so we can pass along the message.

(To be completed by the Membership Department)

Date application received: _____