JOIN EXPERIENCE COLUMBUS TODAY

experience COLUMBUS
www.ExperienceColumbus.com

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 our secure line: 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 conserving resources and protecting the environment so we can pass along the message.

(To be completed by the Membership Department)

Date application received: