

COLUMBIANA COUNTY VISITORS BUREAU MEMBERSHIP FORM

ORGANIZATION/BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ BUSINESS E-MAIL: _____

BUSINESS WEBSITE: _____

CONTACT NAME: _____ CONTACT E-MAIL: _____

CONTACT PHONE: _____ MAY WE USE THIS NUMBER TO SEND YOU TEXTS?: YES No

IS YOUR ORG/BUSINESS A MEMBER OF A LOCAL CHAMBER OF COMMERCE?: YES NO APPLICANT IS A CHAMBER OF COMMERCE

IF A MEMBER OF A LOCAL CHAMBER, WHICH ONE?: _____

WHICH BEST DESCRIBES YOUR ORG/BUSINESS:

- HOSPITALITY (FOOD/BEVERAGE/LODGING)
- RECREATION (PARK/OUTDOOR/NATURE/INDOOR AMUSEMENT)
- CULTURE (MUSEUM/HISTORICAL/LIBRARY/ARTS)
- SHOPPING
- EVENT (SEASONAL/FESTIVAL/MARKET)
- OTHER: _____

WHICH OF THE MEMBERSHIP BENEFITS/ACTIVITIES INTEREST YOU?

- GROUP ADVERTISING
- PROMOTIONAL ACTIVITIES
- THEMED TOURS/DAYTRIPPER PROGRAMS
- HOSTING VISITOR BUREAU SPONSORED EVENTS
- SIMILAR INTEREST PACKAGES (I.E. GOLF PACKAGES)
- OTHER: _____

MEMBERSHIP FEE:

Member of a Local Chamber of Commerce:	\$35	X # OF YRS (UP TO 3) _____	=	\$35 / \$70 / \$105
Not a Member of A Local Chamber of Commerce:	\$50	X # OF YRS(UP TO 3) _____	=	\$50 / \$100 / \$150
Chamber of Commerce	\$150	X # OF YRS(UP TO 3) _____	=	\$150 / \$300 / \$450

I WISH TO MAKE A DONATION TO THE COLUMBIANA COUNTY VISITORS BUREAU IN THE AMOUNT OF : \$ _____

PAYMENT CAN BE MADE:

VIA CHECK, TO:
 COLUMBIANA COUNTY VISITORS BUREAU
 7860 LINCOLN PLACE
 LISBON, OH 44432
 330-870-3590

VIA PAYPAL, TO:
 TREAS@VISITCOLUMBIANACOUNTY.COM

PLEASE SUBMIT MEMBERSHIP FORM AND PAYMENT
 VIA PAYPAL AT THE ABOVE E-MAIL ADDRESS



The Board of the Columbiana County Visitors Bureau invites you to become a Charter Member of this organization which seeks to highlight the many tourist-related businesses, sites, and activities that Columbiana County has to offer.

Our goal is to promote visitor experiences which enhance our community's economic and social well-being.