

MEMBERSHIP APPLICATION

COMPANY INFORMATION

Company Name:													
Phone:			Fax:			Website:							
Current address:													
City:				State:				ZIP Code:					
On River		Off River		Lodging		Attraction		Restaurant and/or Bar		Retail		Other	
Number of Employees:						Number of Rooms:							

PRIMARY CONTACT INFORMATION

Name											
Position:								Birthdate:			
Phone:				Fax:		Cell:					
Email Address:											

GENERAL MANAGER CONTACT INFORMATION (OPERATIONS DEPARTMENT)

Name											
Position:								Birthdate:			
Phone:				Fax:		Cell:					
Email Address:											

PUBLIC RELATIONS/AGENCY CONTACT INFORMATION (PR DEPARTMENT)

Name											
Position:								Birthdate:			
Phone:				Fax:		Cell:					
Email Address:											

MARKETING/SALES CONTACT INFORMATION (MARKETING & SALES DEPARTMENT)

Name											
Position:								Birthdate:			
Phone:				Fax:		Cell:					
Email Address:											

CONCEIRGE/FOOD & BEVERAGE/CATERING/HOETESS CONTACT INFORMATION (FRONT END COSTUMER CONTACT)

Name											
Position:								Birthdate:			
Phone:				Fax:		Cell:					
Email Address:											

COMMENTS

PAYMENT INFORMATION

Annual Membership Fee			Prorated Membership Fee			Length of Membership					
Payment Type	Visa		Master Card		American Express		Discover		Check		Cash
Expiration Date				Card Number				CVC			

SIGNATURES

Member Signature						Date					
Paseo Del Rio Representative						Date					
PDRA Executive Director						Administrative Director Initials					