



ATTRACTIONS / SPECIAL EVENTS
MEMBERSHIP ENROLLMENT & QUESTIONNAIRE

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

Location Address: _____

Is either the mailing or location address a residential address? Yes No

If yes, which address is a residential address?

Mailing Address

Location Address

Both Location and Mailing Address

Main Phone Number: _____

Direct Line: _____

Toll Free Number: _____

Fax Number: _____

E-mail Address: _____

Website Address: _____

Planners can search our database by value months. This allows the planner to see what suppliers are in their economy season during a certain month. Please check the months below to indicate what months you are able to offer your best rates.

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> July |
| <input type="checkbox"/> February | <input type="checkbox"/> August |
| <input type="checkbox"/> March | <input type="checkbox"/> September |
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |

Please describe your Attractions / Special Events Center:

Your birth date (month and date): _____

Who referred you to CMCA? _____

If paying by credit card please fill out the third page and fax the form to 303-252-0445.
If paying by check please return this form with a check for \$250.00 made payable to CMCA and mail it to:

Christian Meetings and Conventions Association, LLC
P.O. Box 350757
Westminster, CO 80035-0757

Credit Card Information:

Credit Card # _____

Expiration Date: _____

Mailing Address: _____

City: _____

State _____

Zip: _____