



HOTEL OR CITY 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 |

If you represent several hotels or cities and your value months vary with the hotel or city, we will add a note to your listing indicating that. Please provide a brief description of who you represent and why you are not able to check value months.

Planners can also look at bonus dates (hot dates) submitted by CMCA supplier members. These are specific dates that you can offer extra value. If you would like to submit bonus dates to be posted on our website, please write them below or send them separately to CMCA. You may submit them at anytime during your membership.

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: _____