

KACVB MEMBERSHIP INFORMATION

Commission/Bureau Name: _____

Director: _____

Year of Employment _____

Address: _____

City/State/Zip _____

Telephone #: _____

Toll Free #: _____

Fax #: _____

E-Mail: _____

Website: _____

Birthday: _____

Month Day

Home Address: _____

Home Phone #: _____

Spouse: _____

Commission established by City, County or both ordinance

Commission funded by ___% bed tax ___% convention tax
___% Restaurant tax

Of hotel/motel rooms _____

Total Budget _____