

Explore La Crosse Membership Form

Please complete this form and submit it to the address or fax number listed near the bottom.



Business Name: _____ **Phone #:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Billing Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Website: _____ **Email Address for Customer Contact:** _____

Primary Contact Name: _____ **Primary Contact Email:** _____

Note: The Primary Contact email will be used in the Explore La Crosse email database for official communication along with the email blast "The Next 10 Days in La Crosse".

Secondary Contact Name: _____ **Secondary Contact Email:** _____

By signing below, the contact listed above agrees to an Explore La Crosse membership and agrees to pay annual dues of \$ _____ (subject to annual increase) in accordance with the bylaws. This is a continuing membership until cancelled in writing by either party. This is full 12 month membership that begins on the date that payment is received.

Signature: _____ **Date:** / /

Briefly describe your business/organization below.

*Please return completed form and check payable to begin your membership today!
We accept VISA and MasterCard (call to pay by phone)*

La Crosse County Convention & Visitors Bureau ♦ 410 Veterans Memorial Drive ♦ La Crosse, WI 54601
Phone: 608.782.2366 Fax: 608.782.4082
web: explorelacrosse.com email: gabay@explorelacrosse.com

GENERAL MEMBERSHIP DUES

LODGING MEMBERSHIP DUES

Private Individual	\$75.00	La Crosse County Room Tax District:	
Festival/Event	\$100.00	Hotel or Motel (27 + rooms)	\$7.50 per room
Business/Non-Profit	\$200.00	Small (under 27 rooms, B&B's)	\$200.00
Shopping Mall/Center	\$300.00	Outside La Crosse County Room Tax District:	
		Hotel or Motel (48+ rooms)	\$4.25 per room
		Small (under 48 rooms, B&B's)	\$200.00
		Cottage/Cabin/Campground	\$200.00