

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.

Note: Explore La Crosse has the right to refuse membership applications based on conflict of interest.

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: 608.782.2286 Fax: 608.782.4082

web: explorelacrosse.com email: carlson@explorelacrosse.com

GENERAL MEMBERSHIP DUES

LODGING MEMBERSHIP DUES

Private Individual	\$75.00	La Crosse County Room Tax District:	
Festival/Event	\$110.00	Hotel or Motel (27 + rooms)	\$8.25per room
Business/Non-Profit	\$225.00	Small (under 27 rooms, B&B's)	\$225.00
Shopping Mall/Center/ Corporate Partner	\$300.00	Outside La Crosse County Room Tax District:	
		Hotel or Motel (48+ rooms)	\$4.50 per room
		Small (under 48 rooms, B&B's)	\$225.00
		Cottage/Cabin/Campground	\$225.00