

# MEMBERSHIP APPLICATION

visit  anchorage

## PUBLISHED LISTING INFORMATION

COMPANY NAME

MAILING ADDRESS

CITY

STATE

ZIP

PHYSICAL ADDRESS \*(only if different than mailing address)

CITY

STATE

ZIP

Which address should be published online and in Visit Anchorage publications?  Mailing  Physical  None

PHONE NUMBER (1)

PHONE NUMBER (2)

TOLL-FREE NUMBER

FAX NUMBER

EMAIL

WEBSITE

Primary geographical area: \_\_\_\_\_ Primary category: \_\_\_\_\_ (Use numerical code from the category listing insert.)

Are your products or services commissionable for the travel trade?  Yes  No

Handicap accessible?  Yes  No

May Visit Anchorage publish the location address for online map and driving directions?  Yes  No

Season(s) of operation:  Year-Round  Summer  Fall  Winter  Spring

Is a corporate 4" x 9" business brochure/rack card available for distribution in Visitors Information Centers?  Yes  No

## CONTACT INFORMATION

Email and phone numbers will not be published, but used only for internal Visit Anchorage communications.

PRIMARY CONTACT  Mr.  Mrs.  Ms.

FIRST NAME

LAST NAME

TITLE

EMAIL

DIRECT PHONE

SECONDARY CONTACT  Mr.  Mrs.  Ms.

FIRST NAME

LAST NAME

TITLE

EMAIL

DIRECT PHONE

Who will be the brochure reorder contact person?  Primary  Secondary

## AGREEMENT

I understand that my membership dues, events and marketing opportunities are nonrefundable after 30 calendar days and will support programs for convention delegates and leisure travelers to the Anchorage area. I agree that all leads provided will be kept confidential and are not to be reproduced for use by another party. I understand that the membership dues are deductible as a business expense, not as a charitable contribution and I also agree that membership implies no specific endorsement or guaranteed use for my company.

SIGNATURE

DATE

## COMPANY DESCRIPTION

### 50-CHARACTER DESCRIPTION: Words are searchable on anchorage.net

Do not include company name or contact information, it is automatically included in each business listing. The 50-character description will appear in Visit Anchorage publications, as well as www.Anchorage.net. Do not use abbreviations, multiple exclamation points (!), ampersands (&), dashes (-) or slashes (/). Punctuation and spaces between words count as characters. Visit Anchorage reserves the right to edit.

## ADDITIONAL NARRATIVE

Additional 150 characters of text directly follows free 50-character company description. The additional text appears for free in the online www.Anchorage.net directory listing and for a fee in the printed Official Guide to Anchorage.

Check here if you would like additional narrative to appear in the Official Guide to Anchorage listing for a \$125 fee. (Please total amount and add to optional fees below.)

### DESCRIPTION

Do not include the company name or contact information, it is included in each business listing. Do not use abbreviations, multiple exclamation points (!), ampersands (&), dashes (-) or slashes (/). Punctuation and space between words count as characters. Visit Anchorage reserves the right to edit.

Submit an additional free 1,000-character narrative description for your website business profile, email directly to your member representative at [cmvrsales@anchorage.net](mailto:cmvrsales@anchorage.net)

## EXTRA LISTING

Member business may purchase additional categories and/or geographical regions. See category sheet for choices. Additional categories and/or geographical regions will be printed in the Official Guide to Anchorage and online at Anchorage.net, **\$100 each.**

\_\_\_\_\_ Number of extra listing(s) x \$100 each. (Please total extra listing(s) fees and add below.)

Geographical Area: \_\_\_\_\_ Category: \_\_\_\_\_      Geographical Area: \_\_\_\_\_ Category: \_\_\_\_\_  
 Geographical Area: \_\_\_\_\_ Category: \_\_\_\_\_      Geographical Area: \_\_\_\_\_ Category: \_\_\_\_\_

## PAYMENT

Check    Cash    Visa    Mastercard    American Express

	+		+	<b>\$25</b>	=	
ANNUAL DUES		OPTIONAL FEES (NARRATIVE + EXTRA LISTING)		PROCESSING FEE		TOTAL

CARD NUMBER	THREE DIGIT SECURITY CODE	EXPIRES

\_\_\_\_\_  
CARD HOLDER'S NAME

\_\_\_\_\_  
BILLING ADDRESS (REQUIRED TO PROCESS CREDIT CARD)

CITY	STATE	ZIP

SIGNATURE	DATE