



MEMBERSHIP APPLICATION

(Please Complete Form)

Organization Name _____

Business Phone _____

Address _____

City, State, Zip _____

Type of Organization

Arts	_____	Other	_____
Attractions	_____	Publication	_____
CVB	_____	Restaurant	_____
Event Planner	_____	Transportation	_____
Hotel	_____	Vendor	_____
Media	_____		

Business Website _____

Primary Contact Name _____

Primary Contact Phone _____

Primary Contact Fax _____

Primary Contact Email _____

I would like to make a ROSE Awards Donation _____ (suggested amount of \$25)

Who referred you to TCGC

Membership Dues \$ 150.00

ROSE Awards Donation \$ 25.00

Total Payment \$ _____

Credit Card _____ Expiration _____

CSV Code _____ Authorized Signature _____

Board Members

TCGC has an active volunteer Board of Directors which determines the Council's programs and activities for the year. Please let us know if you are interested in serving on a committee for PR/Newsletter, Website, Membership, Programs, Fundraising and ROSE Awards.

Mail application and check to TCGC c/o Accent On Cincinnati, 915 W Eight Street, Cincinnati, OH 45203