



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 Award Donation _____ (suggested amount of \$25)

Who referred you to TCGC _____

Mail Membership Application and Check for \$125 to:

Tourism Council of Greater Cincinnati
 Membership Committee
 915 W. Eighth St.
 Cincinnati, OH 45203