



DFWAE Membership Application

Name: _____ Title: _____

CAE CEM CMP Other _____

Association/Organization Name: _____

Street Address: _____

City _____ State ____ Zip _____

Office Phone: _____ Fax: _____ E-mail Address: _____

I am applying for:

- Regular Membership (must be association staff or CVB CEO) (\$45)
- CVB Staff Membership (\$45) Associate Membership (\$105)

Regular or CVB members, please describe your association/CVB:

- Trade Association Professional Society Convention Bureau Philanthropic Group

Number of people on your staff: Full-Time _____ Part-Time _____

Tax Status: 501(c)(3) 501(c)(6) Other (please explain) _____

Number of members in my organization: _____

They are primarily: Companies Individuals

Scope of Association: Local State Regional National/International

Budget: \$750,000 or under \$750,001-\$1,500,000 \$1,500,000-\$2,000,000 \$2,000,000+

Associate Members:

Please describe your line of business: _____

Please indicate who will be the voting member from your firm: _____

Payment Information:

Enclosed is a check in the amount of: \$45 or \$105 for the DFWAE fiscal year (7/1 through 6/30) (or)

Credit Card Payment: AX MC Visa Charge: \$45 (or) \$105 to card.

Credit Card # _____

Exp. Date _____ Name on Card _____

Signature _____

I hereby make application for membership in the Dallas/Fort Worth Association Executives and will, if accepted, abide by its bylaws, support its objectives, and pay the established membership fees.

Signature _____ Date: _____

Referred by: _____

Please return this application with payment to: DFWAE, PO Box 710746, Dallas, TX 75371, Fax: 214-827-1810, E-mail: info@dfwae.org.