



Membership Application

Date _____

Company Name _____

Contact Name _____

Address _____

City, State Zip _____

Phone _____

Mobile Phone _____

Fax _____

Email _____

Restaurant/Bar _____

Retail _____

Hotel _____

Attraction _____

Other _____

of rooms _____

of employees _____

On River _____

Off River _____

On River _____

Off River _____

Payment Type:

Discover _____

Mastercard _____

Visa _____

AmEx _____

Check _____

Yearly Dues \$ _____

Comments: _____

Member Signature

Paseo del Rio Staff Signature

Admin. Director Initials

Executive Director Signature