# LAKE PLACID ESSEX COUNTY VISITORS BUREAU

Olympic Center, 216 Main St.
Lake Placid, NY 12946
Phone: 518-523-2445 Ext. 103 Fax: 518-523-2605
**www.lakeplacid.com**

**Membership Application**

Business/Organization_____

Mailing Address_____

City_____State_____ZIP_____

Billing Address (if different from above)_____

City _____State _____ZIP _____

Phone _____Fax _____800#_____

Web Site Address _____Email Address_____

Primary Contact _____Title_____

Please refer to enclosed Investment Schedule for membership category options and annual dues amounts

Membership Category _____Dues Amount $ _____

Do you hold more than one LPECVB membership? _____Please list others_____

Number of Guest Rooms (lodging) _____Number of seats (dining)_____

Brief description of business or service_____

_____

Profit_____ Nonprofit_____ Number of Employees_____

**LakePlacid.com**

**Free** Category #1 _____**Free** Category #2 _____

Category #3 _____Category # 4 _____

| | |
|---|---|
| Searchable Description (10 words) $50.00 yr. | $_____ |
| Additional Search Category @ $25.00 ea/yr. | _____ |
| 1 photo/1 category $175.00 season | _____ |
| Identical/2nd category $175.00 season | _____ |
| **Total LakePlacid.com** | $_____ |

**High Peaks Welcome Centers I-87**
Northbound & Southbound Brochure Space

| | |
|---|---|
| One Side $175.00 __N __S | $_____ |
| Both Sides $300.00 | _____ |
| **Total Welcome Center** | $_____ |

**Vacation Guide** (Lodging, attractions) **Free** Grid Listing (lodging only)
Base charge for seasonal photo listing $350.00 **Total Vacation Guide $_____**

Signature _____Title _____Date _____

Accepted by _____Title _____Date _____
Lake Placid Essex County Visitors Bureau

FOR OFFICE USE ONLY: Application Received____/___/___ Ck. # _____Amount: _____

Interested in Health Insurance? Yes_____ Not at this time_____.