



PEORIA AREA
CONVENTION AND VISITORS BUREAU

MEMBERSHIP CHANGE FORM

Please fax to: Anaise Berry • 309-676-8470

Business Name

Street Address

City

State

Zip

Phone

Fax

E-Mail

Website Address

Company Contacts:

Name

Title

Name

Title

Name

Title

Business Description:

ACTION TO BE TAKEN:

- | | |
|--|---|
| <input type="checkbox"/> Change business name | <input type="checkbox"/> Change e-mail address |
| <input type="checkbox"/> Change contact name | <input type="checkbox"/> Change/Add website address |
| <input type="checkbox"/> Add secondary contact | <input type="checkbox"/> Change mail status |
| <input type="checkbox"/> Change address | <input type="checkbox"/> Change description |
| <input type="checkbox"/> Change phone number | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Change fax number | |

Signature/Title

Date