

# Las Vegas Regional Ticketing Association Membership Application

Organization Name: \_\_\_\_\_

Member Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Organization's Web Page address: \_\_\_\_\_

Annual Membership Dues (please circle one):

Individual member	\$50.00
Organization membership	\$50.00
Company Sponsorship	\$250.00

To join LVRTA, please complete the above information and mail along with payment to (if paying with credit card please fax to (702) 866-1500 or email to [bbielenberg@concertswest.com](mailto:bbielenberg@concertswest.com)).

You may also register on-line at <http://lvрта.com/registration.php>

LVRTA  
c/o: Bruce Bielenberg  
8555 West Russell Rd, Unit 2009  
Las Vegas, NV 89113

Checks should be made payable to LVRTA.

Credit Card payment (charge will show up as LVRTA):

MasterCard \_\_\_\_\_ exp \_\_\_\_\_

Visa \_\_\_\_\_ exp \_\_\_\_\_

American Express \_\_\_\_\_ exp \_\_\_\_\_