



BENTONVILLE ADVERTISING & PROMOTION COMMISSION

COMMISSIONER APPLICATION

NAME: _____ DATE: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____
(if different)

EMAIL ADDRESS: _____

PHONE NUMBERS: _____
(home) (work) (cell)

Name of Bentonville Advertising & Promotion tax collecting entity or tourism business with which you are associated:

What are your qualifications for serving on this commission? Include education and expertise in the tourism industry.

Why would you like to be considered for a position on the Bentonville Advertising & Promotion Commission?

I am an owner or manager of a Bentonville Advertising & Promotion tax collecting entity or a business in the tourism industry and meet all requirements for serving on this commission.

Signature

Please return the completed form by October 30, 2025

Email: jordan@visitbentonville.com

Mail: Bentonville A&P Commission 406 SE 5th St Suite 6 Bentonville, AR 72712