



APPLICATION FOR STATE & REGIONAL ASSOCIATION OF DMOs MEMBERSHIP

State & Regional Association of DMOs Name: _____

CEO Name & Title: _____

State & Regional Association of DMOs Address: _____

City, State, Postal Code: _____ Country: _____

Main Phone: _____ Fax: _____

CEO Direct Line: _____

Toll Free Phone: _____ Web Site: _____

E-mail: _____ Fiscal Year: _____

Annual membership dues for Destination Marketing Association International are US\$1000 for State and Regional Association of DMOs; this includes membership for the CEO as well as one complimentary registration for the CEO to DMAI's annual convention . Additional staff may join for US\$250.

Each additional staff member must fill out an "Application for Professional Staff Membership" form. This form can be downloaded from www.destinationmarketing.org. Click on "Join! Membership Information." For questions, contact the membership department at +1.202.296.7888 or membership@destinationmarketing.org.

Please answer the following questions:

Annual Operating Budget: US\$ _____

Current Number of DMOs in State or Regional Association: _____

Number of Full-time Paid Staff _____

Number of Part-time Paid Staff _____

Number of Volunteer Staff _____

Managed by an Association Management Company? Yes No

We hereby apply for membership in Destination Marketing Association International.

Annual Dues US\$1,000
Additional Members @ US\$250 ea. US\$ _____
Total: US\$ _____

- A check for this amount is enclosed.
- Wire Transfer:
Wachovia Bank, 2000 L Street, NW, Washington, DC 20036
Bank Route or Transit Number: 054001220
Account Number 2000028810788
Please alert us to wire transfers with a copy of the related invoice/correspondence.
- Charge the following credit card: Visa MasterCard AMEX
Card Number: _____ Expiration Date: _____
Card Holder's Name (must be applicant): _____

I hereby certify that the information cited above is true and correct to the best of my knowledge. If accepted as a member, my association agrees to abide by its Bylaws, Rules and Regulations.

(Applicant Signature - **Must be CEO**)

(Date)

* This application must be accompanied with a copy of the association's Articles of Incorporation and/or Bylaws and a check for one year's membership dues which is to be applied to the current year (fiscal year = July 1 to June 30). If the application is submitted for acceptance three months after the beginning of any fiscal year, it must be accompanied by a check for three-quarters (¾) year's dues. Those applications submitted six months after the beginning of any fiscal year must be accompanied by a check for one-half (½) year's dues and those applications submitted for acceptance nine months after the beginning of any fiscal year shall be accompanied by a check for one-quarter (¼) year's dues.

Submit completed application form with payment and **Articles of Incorporation or Bylaws** to:

Destination Marketing Association International, Membership Department

2025 M Street, NW, Suite 500

Washington, DC 20036-3309 USA

Phone: +1.202.296-7888 Fax: +1.202.296.7889

www.destinationmarketing.org