

**Allied Membership (January 1 – December 31)**

**Please select your level of participation:**

- Business Member**—US \$1,500/cycle  
Includes membership status/access for primary contact;  
*\*Membership cycle ending December 31<sup>st</sup>.*
- Business Partner**—US \$15,000 annually\*; 2 year commitment  
*\*Payments may be made in installments; contact Lauren Yanusas Benedict at [LBenedict@destinationmarketing.org](mailto:LBenedict@destinationmarketing.org)*
- Alliance Partner** - To join DMAI at the highest level of partnership and commitment (US\$50,000), please contact Lauren Yanusas Benedict, Director of Allied Membership & Business Development, at [LBenedict@destinationmarketing.org](mailto:LBenedict@destinationmarketing.org) or +1.202.835.4212 for a custom benefits package.

**Company Membership Information - Company information will appear as listed in the Online Industry Buyers Guide.**

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City, State, Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web Site: \_\_\_\_\_ General Email: \_\_\_\_\_  
 Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

**Category/Type of Business to be Listed in the Online Industry Buyers Guide (MUST choose only one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Data Provider                                | <input type="checkbox"/> Marketing/Strategic Planning Consulting |
| <input type="checkbox"/> Display Products/Graphics                    | <input type="checkbox"/> Mobile Marketing/Solutions              |
| <input type="checkbox"/> Educational Institute                        | <input type="checkbox"/> Online Travel                           |
| <input type="checkbox"/> Executive Search Firm                        | <input type="checkbox"/> Organizational/Management Consulting    |
| <input type="checkbox"/> Exhibition Organizer                         | <input type="checkbox"/> PR/Advertising                          |
| <input type="checkbox"/> Financial Services                           | <input type="checkbox"/> Publishing                              |
| <input type="checkbox"/> Housing Services                             | <input type="checkbox"/> Representation Firm                     |
| <input type="checkbox"/> Interactive Media                            | <input type="checkbox"/> Technology/Information Systems          |
| <input type="checkbox"/> Internet Destination Marketing               | <input type="checkbox"/> Transportation                          |
| <input type="checkbox"/> Lodging/Hotel                                | <input type="checkbox"/> Video/Digital Media                     |
| <input type="checkbox"/> Mapping Services                             | <input type="checkbox"/> OTHER: _____                            |
| <input type="checkbox"/> Market Research/Travel Industry Intelligence |  |

**Description of your company/product/service, for publication (limit 60 words):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Contact (This individual's membership is included with the company's dues):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address (if different from above): \_\_\_\_\_  
 City, State, Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional Staff Members**

**Second Staff Member**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
City, State, Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Third Staff Member**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
City, State, Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payment Information**

**Allied Membership Dues - US \$1,500** (through December 31st) US \$ \_\_\_\_\_

- A check for this amount is enclosed.**
- Wire Transfer** – To request instructions, please email DMAI at [membership@destinationmarketing.org](mailto:membership@destinationmarketing.org)
- Credit Card:**      Visa              MasterCard              AMEX  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Card Holder's Name: \_\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_

I hereby certify that my organization is responsible to pay the dues amount cited above. If accepted as a member, my organization agrees to abide by DMAI's Bylaws, Rules and Regulations.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**Submit completed application form with payment to:**  
Destination Marketing Association International (Re: Allied Membership)  
2025 M Street, NW, Suite 500 | Washington, DC 20036-3309 USA  
Phone: +1.202.296.7888    Secure E-Fax: +1.202.835.4093  
Email: [allied@destinationmarketing.org](mailto:allied@destinationmarketing.org)    Web: [www.destinationmarketing.org](http://www.destinationmarketing.org)