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## **ALLIED MEMBER UPDATE/REPLACEMENT FORM**

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### **COMPANY INFORMATION**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**City, State, Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Toll Free Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

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### **NEW CONTACT INFORMATION**

**Full Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Direct Line:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### **Mailing Address (if different from above)**

**Street Address:** \_\_\_\_\_

**City, State, Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

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Replacement for paid member (please check appropriate box below).

Former member no longer with the organization.

Acquiring membership; former member still with the organization.

Former Member's Name: \_\_\_\_\_

Former Member's Title: \_\_\_\_\_

The Allied Membership period runs from October 1<sup>st</sup> through September 30th. Membership remains with the organization should employment cease for any reason. Submit completed application form to:

**Destination Marketing Association International**  
**Attn: Membership Department**  
**2025 M Street, NW, Suite 500**  
**Washington, DC 20036-3309 USA**  
**Telephone: +1.202.296.7888 Fax: +1.202.296.7889**  
[www.destinationmarketing.org](http://www.destinationmarketing.org)

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