



APPLICATION FOR STUDENTS AND EDUCATORS

Educators Only

Name: _____

Title: _____

Name of School & Department: _____

School/Office Address: _____

City, State, Postal Code: _____ Country: _____

School/Office Phone: _____ Fax: _____

E-mail: _____

Students Only

Name: _____

Name of School: _____

Current Home Address: _____

City, State, Postal Code: _____ Country: _____

Phone: _____ Email: _____

Permanent Home Address:

City, State, Postal Code: _____ Country: _____

Permanent Phone: _____

Preferred Billing Address: Current Address Permanent Address

Educator (\$100): Faculty employed at a post-secondary institution with teaching serving as primary function. Must currently teach at least two classes per semester or at least one class per quarter. **Submit application with letter on university letterhead from department chair or academic dean verifying teaching status.**

Student (\$40): Individuals currently enrolled at a post-secondary institution part-time or full-time, at least six quarter or semester hours. Must show proof of enrollment by completing following section.

Degree: Associate Bachelor Master Doctorate

Major: _____ Graduation Date (mo/yr): _____

Year: Freshman Sophomore Junior Senior Graduate



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For students only:

The following must be completed and signed by your instructor or advisor. This certifies that the individual named on this application is a student in the _____ program and is enrolled for _____ quarter/semester hours.

Instructor Name: _____

Phone Number: _____ Email Address: _____

Instructor Signature: _____

Applicant Signature: _____

How did you hear about Destination Marketing Association International?

- Professor/faculty member
 - Friend/Personal referral
 - Destination Marketing Association International Web site
 - Industry professional
 - Other (please describe) _____
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Payment Information:

- A check is enclosed, made payable to Destination Marketing Association International.
- Please charge \$_____ to the following credit card: VISA MasterCard AMEX

Card Number: _____ Expiration Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

This application must be accompanied by payment to be processed. Membership period runs from October 1 to September 30. All monies must be submitted in US dollars. Submit completed application form with payment 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
membership@destinationmarketing.org
