



DESTINATION ORGANIZATION MEMBERSHIP APPLICATION AND PROFILE

Organization: _____

CEO Name & Title: _____

CEO Direct Line: _____ CEO Email: _____

DMAI Relationship Manager (Name & Title)*: _____

Direct Line: _____ Admin Email: _____

*This person will be responsible for maintaining account and staff listings, along with being included on important notifications such as updates on benefits and/or renewal notifications.

Physical Business Address: _____

City, State, Postal Code: _____ Country: _____

Main Phone: _____ Web Site: _____

Mailing/Billing Address (if different from above): _____

City, State, Postal Code: _____ Country: _____

Employer Identification Number (EIN): _____ Year Established: _____

Fiscal Year (Starting Month): _____ Total DMO Operating Budget for Current Year: _____

Number of Full-Time Staff: _____ Total Population of Jurisdiction: _____

Scope of Jurisdiction: City City-County County Counties State/Province Region Country Global Region

Organizational Structure: 501(c)3 501(c)4 501(c)6 Chamber of Commerce City/County Agency Corporation

Joint Venture Limited Liability Company Limited Partnership Quasi-Government Entity State/Provincial Agency

Other

What is your organization's focus (select all that apply)? Leisure/Travel Trade Groups/Business Events Destination Management Destination Development

Does organization receive any funding through (select all that apply)? Membership Dues Partnership Program Neither

Does your destination have a convention center? Yes No If so, does your organization manage the center? Yes No

Does your destination have Visitor Information Centers? Yes No

Membership Eligibility: A destination organization is eligible for membership if it is recognized as the "The principal organization of a given political division or subdivision, including without limitation, a city, county, district, town, township, borough, parish, metropolitan area, region, state, province, nation, or country, that is organized to promote its respective destination to attract visitors and/or to solicit and service conventions; and that is defined and authorized by its appropriate incorporated government entity as the representative organization exercising those functions; and that is recognized and accepted by the Association Board of Directors as the representative organization."

Destinations International recognizes the following bodies as official destination organizations: National Tourism Association (NTA) or Office of Ministry, National Tourism Organization (NTO) or National Tourist Board, Provincial Tourism Organization, Regional Tourism Organization, State Tourism Organization, City/County Level Tourism and/or Convention Organization (CVB)

Yes No The organization applying meets the above eligibility requirements. If no, please explain:

Destinations International Dues Categories

Annual association dues for Destinations International are based on your organization's annual operating budget and the chief executive officer being the primary member.

2018-2019 Annual Operating Budget	Annual Dues
≤ US \$500,000	US \$900
US \$500,001 – US \$1,500,000	US \$2,300
US \$1,500,001 – US \$3,000,000	US \$3,700
US \$3,000,001 – US \$5,000,000	US \$6,600
US \$5,000,001 – US \$10,000,000	US \$9,000
US \$10,000,001 – US \$15,000,000	US \$11,500
US \$15,000,001 – US \$20,000,000	US \$14,500
US \$20,000,001 – US \$30,000,000	US \$19,500
US \$30,000,001 – US \$50,000,000	US \$25,000
US \$50,000,001 – US \$100,000,000	US \$32,500
≥ US \$100,000,001	US \$40,000

Additional Staff Memberships

As part of your organization's benefits, member status and recognition extends down to all professional staff of your organization. Staff are welcome and encouraged to start engaging as members and accessing resources. To get your staff activated immediately, **please include a copy of your staff roster/contact list when submitting this application** or email it to Destination International's membership department at membership@destinationsinternational.org.

Membership Cycle: July 1 – June 30

Payment must accompany this membership application to complete processing for this application.

Membership Prorate: For applications accepted during any month following July, dues will be prorated on a monthly basis to align the organization to a June 30 anniversary.

Total Annual Budget: US\$ _____

Annual Dues (Refer to table, or contact Destinations International for prorated amount): **US\$** _____

- Check payable to Destinations International is enclosed.
- Wire Transfer: To request instructions, please email Destinations International at membership@destinationsinternational.org
- Credit card: Visa MasterCard AMEX
- Card Number: _____ Expiration Date: _____ Security Code: _____
- Name on Card: _____

Authorized Signature: _____

*** This application must be accompanied by a copy of the Destination Organization's articles of incorporation, bylaws, charter, governmental resolution, County/City Ordinance or organizational mandate document.**

We hereby apply for membership in Destinations International. I hereby certify that the budget size and dues amount cited above are true and correct.

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

(Date)