

BUSINESS MEMBERSHIP APPLICATION

Partnership Level: Business Member

Cost: US \$1,900/cycle*

Standard Cycle: January 1 - December 31

Benefits:

- Company profile within Destinations International Industry Buyers Guide Directory
- Professional membership designation/access for primary contact
- Exclusive sponsorship, exhibiting and advertising opportunities
- Access to member-only resources and research
- Searchable Destinations International Organizational and Professional Membership Directories
- Industry updates and e-newsletters
- Destinations International NewsBrief
- Participation in Destinations International online forums
- Professional development opportunities - PDM Certification & CDME Designation
- Industry Advocacy

*Prorate option available if extending your first year of membership through the next full membership cycle ending December 31.

Company Information - Information will appear in Destinations International Directory and Partner Record

Company Name: _____

Company Address: _____

City, State, Postal Code: _____ Country: _____

Main Phone: _____ Web Site: _____

Fiscal Year Start: _____

Category/Type of Business to be Listed in the Online Industry Buyers Guide:

- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising Agency | <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Online Travel |
| <input type="checkbox"/> Consulting - Marketing/Branding | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Public Relations/Communications |
| <input type="checkbox"/> Consulting - Organizational Management | <input type="checkbox"/> Gaming | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Consulting - Sports Services | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Representation Firms |
| <input type="checkbox"/> Consulting - Strategic Planning | <input type="checkbox"/> Industry Association Partners | <input type="checkbox"/> Reservation Systems/Booking Engine |
| <input type="checkbox"/> Data Provider | <input type="checkbox"/> Interactive Marketing/Social Media | <input type="checkbox"/> Technology/Information Systems |
| <input type="checkbox"/> Digital Asset Management | <input type="checkbox"/> Internet Destination Marketing | <input type="checkbox"/> Translation and Language Services |
| <input type="checkbox"/> Display Products/Graphics | <input type="checkbox"/> Lodging/Hotel | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Mapping Services | <input type="checkbox"/> Travel Industry Intelligence/Market Research |
| <input type="checkbox"/> Executive Search Firms | <input type="checkbox"/> Media | <input type="checkbox"/> Video/Digital Media |
| <input type="checkbox"/> Exhibition Organizers | <input type="checkbox"/> Meeting/Event Management | <input type="checkbox"/> OTHER: _____ |
| | <input type="checkbox"/> Mobile Solutions | |

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

Key Products (list up to three): _____

Primary Contact

Name: _____ Title: _____

Address (if different from primary): _____

City, State, Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Additional Staff Member

Name: _____ Title: _____

Address (if different from primary): _____

City, State, Postal Code: _____ Country: _____

Phone: _____ E-mail: _____

Membership Cycle - Indicate dues based on participation through current cycle or through next full cycle ending December 31.

 Business Member Dues US \$ _____**Payment Information** **A check for this amount is enclosed.** **Credit Card:** Visa MasterCard AMEX

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Signature: _____

I hereby certify that my organization is responsible to pay the dues amount cited above. Membership will be activated upon receipt of payment. If accepted as a member, my organization agrees to abide by Destinations International Bylaws, Rules and Regulations.

(Applicant Signature)_____
(Date)**Submit completed application form with payment to:**Destinations International (Re: Partnership/Membership)
2025 M Street, NW, Suite 500 | Washington, DC 20036-3309 USA
Phone: +1.202.296.7888 Secure E-Fax: +1.202.835.4093Email: membership@destinationsinternational.org Web: destinationsinternational.org