

## BUSINESS MEMBERSHIP APPLICATION

**Partnership Level: Business Member Cost:**  
**US \$2,500/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](mailto:membership@destinationsinternational.org) Web: [destinationsinternational.org](http://destinationsinternational.org)