



2019-20 Application for Destination Marketing Organization (State/Region) Membership

Destination Marketing/Management Organizations eligible for this level of membership promote regions, states or the United States as a travel destination.

General Information

Date _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Web Site _____

President/Owner Name _____ Title _____

E-mail _____ Phone _____

Primary Contact Name _____ Title _____

E-mail _____ Phone _____

Additional Contact _____ Title _____

E-mail _____ Phone _____

Additional Contact _____ Title _____

E-mail _____ Phone _____

Additional Contact _____ Title _____

E-mail _____ Phone _____

Were you referred to IITA by an individual or company? _____

Organization Type: DMO

Organization Profile

1. Date organization was established and location? _____

2. Please briefly describe the company and its services (25 words or less).

IITA Code of Ethics

“As a Member of the International Inbound Travel Association, my company and its representatives will:

- Support IITA mission and objectives,
- Educate our management and staff to effectively operate business partnerships with fellow members,
- Be guided in all of our activities by truth, accuracy, fairness and integrity,
- Honor all our commitments to fellow members,
- Avoid business practices which could be damaging to fellow members,
- Avoid activities which would create a conflict of interest,
- Encourage the highest standards of service and conduct by our management and staff.”

I have read, understand, and agree to abide by the IITA Code of Ethics.

Payment Information

IITA’s membership year is from July 1 to June 30. The dues fee for Destination Marketing Organization Membership for state and regional DMOs is \$995 per year.

Please Check Payment Method:

Enclosed find a check (payable to International Inbound Travel Association) in the amount of: \$ _____

Charge my credit card in the amount of: \$ _____

If paying by credit card, please check one of the following: VISA MasterCard Amex

Cardholder’s Name _____

Signature of Cardholder _____

Account # _____ Exp. Date _____

Mail or fax completed application with payment information to:

International Inbound Travel Association, Inc.
2365 Harrodsburg Road Suite A325
Lexington, KY 40504
Phone: 866.939.0934 Fax: 859.226.4404

Questions?
Please call 859.219.3545 or e-mail headquarters@inboundtravel.org
THANK YOU