



Membership Application Form

New Member **Renewal**

Organization Name: _____

Contact Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone (Local & Toll Free) _____ Fax: _____

Website & E-Mail: _____



Business Type and Description of services and products (*for office use only*) :

Services Checklist. *Please check all that apply. If you do not complete this section, we will assume that you are not interested in receiving the member services listed below, including...*

Visitor leads generated by advertising campaign _____

Travel trade and group sales leads provided by State Office of Travel and Tourism, ex. ABA and NTA leads _____

A listing on SSRDMO's Official Website with a FREE link to your business/organization and will agree to provide reciprocal link from business/organization to the SSRDMO website _____

Membership in the Southern Shore Region Destination Marketing Organization is recorded in the name of the organization. Membership dues are invoiced annually. Voting privileges are extended to one vote per membership.

Annual Membership Dues: \$75.00 *Make payable to Southern Shore Regional DMO & mail to: Southern Shore Regional DMO, P.O. Box 567, Cape May Court House, NJ 08210 (609) 463-6415*