



Membership Application

New Member

Renewal

Organization Name _____

Contact Name/Title: _____

Street Address: _____

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

Phone (Local & Toll Free) _____ Fax: _____

E-Mail: _____

Web Address: _____

Signature: _____ Date: _____

Business Type and Description of services and products: _____

What member services do you use? Please check all that apply. If you do not complete this section, we will assume that you are not interested in receiving the member service and it could result in cessation.

Uses visitor leads generated by advertising campaign _____

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

Links to the official website of the Southern Shore Region _____

Advertises in the official destination guide of the region Southern New Jersey Vacationer _____

Provides brochures or other marketing tools for consumer shows sponsored by the Southern Shore Region Tourism Council _____

Volunteers at consumer shows sponsored by the Southern Shore Region Tourism Council _____

Annual Membership Dues: \$50.00 make payable to Southern Shore Region Tourism Council & mail to: Southern Shore Region Tourism Council, c/o Department of Tourism P.O. Box 365, Cape May Court House, NJ 08210 (609) 463-6415 Fax: (609) 465-4639

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