



www.njsouthernshore.com

Membership Application Form

New Member

Renewal

Organization Name: _____

Contact Name/Title: _____

Street Address: _____

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

Phone (Local & Toll Free) _____ Fax: _____

E-Mail: _____

Web Address: _____

Business Type and Description of services and products:

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 service. These services provided by SSRDMO are FREE.

Wants to receive visitor leads generated by advertising campaign _____

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

Wants to be listed on SSRDMO's Official Website, and receive a FREE link to business/organization and will provide reciprocal link from business/organization to the SSRDMO website _____ ** Please note: the SSRDMO will NOT link to any organization or business that is not willing to agree to a reciprocal link. We will provide web-linking assistance if necessary.

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.

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