

## TAMPA BAY WOMEN IN TOURISM MEMBERSHIP APPLICATION

PO Box 66208 St. Pete Beach, FL 33736 www.tampabaywomenintourism.com

APPLICANT INFORMATION							
Name:							
Job Title:				Company:			
Business address:							
City:			State:		Zip:		
Office phone:				Cell phone:			
Business email:							
Home address:							
City:			State:		Zip:	Zip:	
Personal email:							
What group are you associated with? Hotel $\square$ Attraction $\square$ Dining $\square$ Meeting Planner $\square$							
Publications $\square$ Civic (CVB/Chamber/Visit FL) $\square$ Non-Profit $\square$ Affiliate $\square$							
MEMBERSHIP INFORMATION							
Renewal Member \$25 per calendar year   New Member \$25 per					calendar year $\square$		
Would you be interested in serving on a committee or volunteering?							
☐ Raffle ☐ Public			city		☐ Fund Raising Event		
☐ Monthly Programs ☐ Mem		bership Programs		☐ S	☐ Social Media		
Would you like to receive invitation emails and updates from Women in Tourism? Yes $\Box$ No $\Box$							
PAYMENT INFORMATION							
Method of payment:	Cash □			Check □		Credit $\square$	
Credit Card Number:				Exp. Date:		Security #:	
Billing Zip Code:							
Signature:				Date:			
SUBSCRIPTION							
Please mail, email or bring this application with you to the next meeting along with your payment. We look forward to having you as a member of the TAMPA BAY WOMEN IN TOURISM.							
Membership belongs to the individual/organization that paid for the membership. If you have any questions, please contact our membership team.							
Signature of applicant					Date		
All photographs taken during any meeting or ceremony or any WIT (Women in Tourism) event may be used for certain purposes with or without consent. By turning this application back, you agree to this disclaimer. If you have any questions about this disclaimer, please contact Theresa Crane.							