

DELAWARE TOURISM
ALLIANCE

819 Washington Street
Wilmington, Delaware 19801

MEMBERSHIP APPLICATION

Membership Information:

Name of Organization: _____

Contact Person: _____

Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

DUES SCHEDULE

TYPE OF MEMBERSHIP	DUES
General Members	
Small (revenues up to \$5,000,000)	\$ 250
Medium (revenues \$5,000,001 to \$10,000,000)	500
Large (revenues over \$10,000,000)	1,500
Chambers, Federations, State & Local Government Agencies	
(other than DEDO/DTO)	500
CVBs, DEDO and DTO	1,500

Committee you would like to join:

Government Relations _____ Membership _____

Public Relations/Publicity _____ Research & Education _____

Please make checks payable to *Delaware Tourism Alliance* (EIN 510407666) and
return with completed form to the above address.