

\$500,000 to \$1 Million.....\$770

950 Glenn Drive, Suite 150 Folsom, CA 95630 916.443.9012 fax 916.932.2209 info@dmawest.org www.dmawest.org www.thewest.travel

MEMBERSHIP APPLICATION AND DMO PROFILE

(Please complete all portion DMO Name									
Address									
City					rate/ProvinceZIP+4				
Telephone				Fax	ζ				
E-mail Address				We	bsite				
Year DMO Formed			Membership DMO	⊒ Yes		No			
□ A division of a C□ A division of a C□ Division of city/o	, incorporated hamber of Cor hamber of Cor county govern	mmerce mmerce ment	zation—501(c) (separate Board of Direc (same Board of Director	ctors) rs)					
CEO AND KEY STAFF (Ple	ase list below– <u>Nan</u>		ditional sheet if needed.)	- -			Title	((
STAFF (Indicate number of	full-time staff.)		_					
DMO BUDGET (Please che									
☐ Less than \$250,000 ☐ \$1 million to \$2.5 million			\$250,000 to \$500,000\$2.5 million to \$5 million) to \$1 million an \$5 million		
DMO FUNDING SOUF	DMO ALLOCATIONS% For convention marketing% For tourism marketing				ROOM TAX RATE % City % County % State/Province		TOURISM ASSESSMENT Flat Fee \$ Percentage Fee City County State/Province		
CONVENTION CENTER	☐ Yes	☐ No	, ,			-			
CENTER EXPANSION	☐ Yes	□ No	Additional footage			sq. ft.	Completion date		
CLASSIFICATIONS AND A The membership year of the pro-rated (50%) for those b Budget Less than \$250,000 \$250,000 to \$500,000	e Association is ureaus joining	July 1 to betweer	n January and June. Annual Dues\$550			Destii 950 G	lenn Drive, Suite 150 •	ciation of the West (DMA Wes Folsom, CA 95630 2-2209 • info@dmawest.org	t)

☐ Remittance Enclosed

☐ Please Invoice