

Tennessee Motor Coach Association

2017 Associate Membership Application

Please complete the application and return with your membership dues.
The information below will be used to create your listing in the membership directory.

Company Name _____

Address (To be listed in the directory) _____

City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____
If different than above

Phone Number (s) _____
(Please list as you wish them to appear in the directory)

Fax Number _____ Web Address: _____

Email Address (s) _____
(To appear in the directory) *(To receive communication from the TMCA)*

Designated Representative _____ Title _____

Email Address: *(If different from above)* _____

Others that should be listed in the directory: (If any)
Name _____ Title _____

Name _____ Title _____

Membership Categories: Attractions, CVB's & DMO's, Hotel, Restaurant, Motorcoach Sales & Service or Travel Planner/ Receptive.

Choose one category for your main listing: _____

Additional categories that your company can be listed under

Annual Membership dues \$275. Membership year runs July 1, 2017 to June 30, 2018

Additional listing for sister companies -\$25 *Membership information must be provided for each additional property*
Payment can be made by check or credit card

Make check payable to: TMCA P.O. Box 5191 Kingsport, TN 37663 (423) 288-8622 Fax (423) 288-9633

Credit Card Information- VISA, MC, AX and Discover

Card holder's name _____ Type of Card _____ Amount to be charged \$ _____

Card Number _____ Exp. Date _____ V Code _____

Email address for receipt _____

Code of Ethics

As a members of the Tennessee Motor Coach Association, I will conduct all business affairs with integrity, sincerity and accuracy in a open and forthright manner when dealing with the public and my colleagues of this association.

Printed Name

Signature