



Associate Membership Application

Tennessee Motorcoach Association
P.O. Box 5448
Knoxville, TN 37928
Phone: 865-936-8622

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

(Please list as you wish them to appear in directory)

Fax: _____ Web Address: _____

Email Address: _____

(To appear in directory)

(To receive communication from 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/Motel | Restaurant
 Motorcoach Sales & Service | Travel Planner / Receptive

Choose one category for your main listing: _____

Additional categories your company may be listed under: _____

- Annual Membership dues \$275. Membership year runs January 1 – December 31.
- Additional listings per sister properties/companies: \$25 per location

Membership Information must be provided for each additional property:

A.) _____ | B.) _____

Payment must be made by check or credit card

Make Checks Payable to: **TMCA, P.O. Box 5448, Knoxville, TN 37928**

As a member of the Tennessee Motor Coach Association, I agree to conduct all business affairs with integrity, sincerity and accuracy in an open and forthright manner when dealing with the public and my colleagues of TMCA Association.

Name

Signature

(COMPLETED FORM MUST BE RETURNED WITH PAYMENT)