

TAMPA BAY WOMEN IN TOURISM MEMBERSHIP APPLICATION 2024

www.tampabaywomenintourism.com

APPLICANT INFORMATION							
Name:							
Job Title:				Company:			
Business address:							
City:			State:		Zip:	Zip:	
Office phone:			Cell phone:				
Business email:							
Home address:							
City:			State: Z				
Personal email:							
What group are you associated with? Hotel \Box Attraction \Box Dining \Box Meeting Planner \Box							
Publications \square Civic (CVB/Chamber/Visit FL) \square Non-Profit \square Affiliate \square							
MEMBERSHIP INFORMATION							
Renewal Member \$50 per calendar year □ New Member \$50 per calendar year □							
Would you be interested in serving on a committee or volunteering?							
☐ Raffle ☐ Pub			Publicity		☐ Fund Raising Event		
☐ Monthly Programs ☐ Men			nbership Programs		☐ 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 □	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 my without consent. By turning this all contact Theresa Crane.	_		,			· · ·	