

## TAMPA BAY WOMEN IN TOURISM MEMBERSHIP APPLICATION 2025

www.tampabaywomenintourism.com

APPLICANT INFORMATION						
Name:						
Job Title:			Company:			
Business address:						
City:		State	State:		Zip:	
Office phone:			Cell phone:			
Business email:						
Home address:						
City:		State: 2		Zip:	Zip:	
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 $\Box$			New Member \$50 per calendar year $\square$			
Would you be interested in serving on a committee or volunteering?						
☐ Raffle ☐ Publicit		city	ty		☐ Fund Raising Event	
☐ Monthly Programs ☐ Member		bershi	ship Programs $\Box$		☐ 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 $\square$			Check □		Credit 🗆	
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 meeting or ceremony, or any WIT (Women in Tourism) event may be used for certain purposes with or without consent. By turning this application back, you agree to this disclaimer. If you have any questions about this disclaimer, please contact Theresa Crane.						