

**BC Destination Marketing Organization Association
Application for Membership**

1. Corporate Information

DMO Name: _____

Representative: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Alternate Representative: _____

2. Mailing Address

Address: _____ City: _____

Province: _____ Postal Code: _____

3. Is your organization the official tourism marketing body for your community dedicated to marketing the destination? _____ Yes _____ No

5. Does your DMO have a dedicated tourism marketing budget and an appropriate organizational structure with senior management either currently in place or scheduled to be in place within two years? _____ Yes _____ No

6. Brief Description of the DMO Funding Model:

7. Does your DMO have a marketing and business plan in place? _____ Yes _____ No

8. In what year did your DMO commence operation? _____ Month _____ Year

9. Is your DMO accredited through the Destination Marketing Accreditation Program _____ Yes
_____ In Progress _____ Planning To _____ Not Planning To

Relevant Industry Association Memberships:

_____ Regional DMO _____ TIAC _____ DMAI _____ ABA
_____ TIABC _____ DMAC _____ NTA _____ CITAP

_____ OTHER – please list _____
