

Tennessee Motor Coach Association

201__ 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 *(If different than above)* _____

City _____ **State** _____ **Zip** _____

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/Motel, 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, 20__ to June 30, 20__

Additional listing for sister companies -\$25

Membership information must be provided for each additional property

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 _____

Credit card receipts will be emailed