



[www.thumbtourism.org](http://www.thumbtourism.org)  
 1111 W. CARO ROAD, STE. B  
 CARO, MI 48723  
 OFFICE PHONE: (989) 672-0323  
 FAX: (989) 672-0324  
[info@thumbtourism.org](mailto:info@thumbtourism.org)

## MEMBERSHIP APPLICATION & ADVERTISING AGREEMENT

Thank you for your interest in becoming a member of the Thumb Area Tourism Council, Inc. We appreciate your support and look forward to working with you to promote your organization and the value of *taking the road less traveled to Michigan's Thumb!*

Please complete the following Membership Application & Advertising Agreement, sign/date and return to the Thumb Area Tourism Council (TATC) at the address listed above. Once we have received your application, your listing will be posted on the site and an invoice will be mailed to you. Thank you!

### MEMBERSHIP LEVEL (check one):

	Countryside Traveler	Seasonal Traveler	Rustic Traveler	Scenic Traveler	Destination Traveler	Elite Traveler
For Profits	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$225	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500
Nonprofits & Festival Events	<input type="checkbox"/> \$65	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$275	<input type="checkbox"/> \$500

\* Please note: All applicable discounts will be applied at time of invoicing.

### MEMBERSHIP INFORMATION:

For listing on TATC Web Site (*viewable by Web visitors*):

Entity Name: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Customer Contact Name (*if applicable*): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web Site: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

For marketing and administration questions, who is TATC to contact?

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

-OVER-





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## SUPPORT THE THUMB AREA TOURISM COUNCIL AND QUALIFY FOR A 10% DISCOUNT ON YOUR NEW MEMBERSHIP<sup>1</sup>

Share the benefit of the Thumb Area Tourism Council (TATC) membership with others! Refer a minimum of five (5) potential new TATC members and you'll receive a 10% discount on your first year's membership.<sup>2</sup>

Complete the New TATC Member Referral Forms below and start saving TODAY!

Contact Name: \_\_\_\_\_  
Organization/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Organization/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Organization/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Organization/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Organization/Entity Name: \_\_\_\_\_  
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Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

<sup>1</sup> Discounts may be applied to any Membership Level. All discounts will be applied at time of invoicing and may be used only once toward your initial, first year's membership fee. Discounts cannot be applied towards renewed memberships.

<sup>2</sup> To receive referral discount, a completed New Member Referral Form is required at time of application.