

FULL MEMBER APPLICATION



DMO/Organization Name					
Organization Address					
City		State		Zip	
Phone		Website			
Contact Name					
Contact Email			Contact phone		

Section 1 – Membership Criteria		Exhibit Label
Recognized tourism entity (i.e., destination marketing organization) of a municipality, tourism commission of zone organized before 2015.	<i>Please attach or demonstrate proof of organization before 2015</i>	
Non-profit status - 501©3 or 6.	<i>Please attach or demonstrate proof of 501(c)3 or 6 status.</i>	
Purpose of applicant is to market to and service meetings, business, groups and/or leisure visitors.	<i>Please attach mission statement or bylaws indicating purpose of organization.</i>	
Annual Report and Marketing Plan	<i>Please attach most recent Annual Report and Marketing Plan</i>	
Limit of one full member per perceived destination. <i>Is there already a full member for this destination?</i>	<i>Are you aware of another Dest Wis member in your destination?</i>	
75% of DMO operating budget is dedicated to tourism promotion and tourism development.	<i>Please attach your current detailed income and expense budget. *</i>	
DMO retains the services of a paid executive who has the full authority to represent the DMO in Destination Wisconsin activities and affairs.	<i>Please sign affidavit at the end of this application.</i>	

*Budget must, at a minimum, show room tax revenue and other sources of income and detailed breakdown of marketing expenses. Submit the entire budget.

Section 2 – Membership Dues Schedule		
Budget	Dues	New member activation fee
< \$250,000	\$1750	\$250
\$250,001 - \$500,000	\$2500	
\$500,001 - \$1 million	\$3250	

\$1 - \$5 million	\$4000	
\$5 - \$10 million	\$4750	
\$10 million +	\$5500	

Section 3 – Miscellaneous	
List municipality(ies) served by the applicant.	
Population of destination. If applicant serves multiple municipalities, list each municipal population.	
Total number of hotel rooms in destination.	
Current room tax % charged to lodging guests	
Percentage of room tax applicant receives from municipalities.	

CEO AFFIDAVIT

I certify that I have full authority to represent the DMO named in this application in Destination Wisconsin activities and affairs.

Signature

Date

Please complete all sections of this application. Incomplete applications may be rejected.
Exhibits and documents to support the membership criteria should be labeled clearly. If submitting this application and supporting exhibits via email, a single PDF is preferred. Activation fee should be sent separately to the address below.

Questions regarding membership can be directed to Julia in the following ways:

- Phone: 608.837.6693
- Email: jhertel@destinationswisconsin.com
- Website: DestinationsWisconsin.com/aboutus

Send this completed application and supporting exhibits, along with the \$250 Activation Fee to:

Julia Hertel
 Destinations Wisconsin
 PO Box 393
 Sun Prairie, WI 53590

jhertel@destinationswisconsin.com

