



Membership Application

Check one: _____ New Member _____ Renewal

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For more information:
www.visitmetroatlanta.com

**Please mail
application and
payment to:**

P O Box 70781
Marietta, GA
30007

PLEASE COMPLETE. Please write clearly and double check e-mail addresses.

Organization: _____

Parent Company or Management Company: _____

Primary Rep: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

Website: _____

Referred by: _____

AMTA Membership Requirements

- Must be located within the 9 county metro area (Clayton, Cobb, Coweta, DeKalb, Douglas, Fulton, Fayette, Gwinnett, Henry) or be a member in good standing of their own Regional Travel Association
- Must pay Annual Dues (structure below)

AMTA Membership Benefits

- Networking and educational opportunities at meetings with Atlanta's top tourism professionals
- Receive listing in the Visitors Guide, plus a listing and optional Web page on the Website (www.visitmetroatlanta.com)
- Inclusion in the Member Memo, AMTA's bi-monthly e-mail newsletter
- Cooperative marketing opportunities like sales blitzes and trade shows

Membership period January-December 2009

2009 General Membership Investment

Primary Representative: \$195 \$ _____

Additional Reps: ___ x \$50 each \$ _____

Additional Rep name(s), e-mail address(es), phone number(s): _____

2009 Corporate Membership Investment:

The Corporate member is entitled to all membership privileges, including the right to vote. Additional properties may not vote and may not hold leadership positions.

Primary Property (1 Rep): \$195 \$ _____

Additional Properties: ___ x \$75 each \$ _____

Please list Additional Properties on a separate sheet of paper. Include rep name and e-mail address.

Payment:

Check Enclosed (Payable to Atlanta Metro Travel Association)

Bill my American Express Card:

Card #: _____ Expires: _____

Name as it appears on card: _____

Cardholder Signature: _____

*Dues prices effective January 2009.
(updated 1-12-09)*