



Allied Partner /Illinois Attractions Council Application

The following organization hereby applies to be an Allied Partner of the Illinois Tourism Alliance (formerly Visit Illinois):

Organization name _____

Contact name/title _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Telephone _____ Fax _____

Authorized signature _____ Date _____

I authorize email/fax communication from the Illinois Tourism Alliance.

My organization would also like to participate in the Illinois Attractions Council
(Qualified participants must meet this definition: "An attraction offers an experience or a variety of experiences within a destination or place and makes a specific effort to attract visitors")

Organization description:

Please provide here or attach to this form, a brief description (up to 50 words) of your organization for our records.

Type of payment:

Payment Amount: _____ (please see Allied Partner Dues Levels on separate page)

Check enclosed VISA/MasterCard American Express Discover

Card Number _____ Expiration Date _____

Signature _____ Date _____

Please invoice me

We agree to pay dues in accordance with the rate schedule accompanying this application. It is understood that as an active Allied Partner, we are entitled to Illinois Tourism Alliance services and that we will comply with the Illinois Tourism Alliance's bylaws.

Thank You! Please mail or fax completed form to:

Nina Winston, Executive Director

Illinois Tourism Alliance

27 East Monroe, Suite 514

Chicago, IL 60603 Phone: 312-658-1047 Fax: 312-873-4015

www.illinoistourismalliance.org

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