



Application

The following organization hereby applies to be a member of the Illinois Tourism Alliance (formerly Visit Illinois):

Information:

Organization name _____

Contact name/title _____

Address _____

City _____

State _____

Zip _____

E-mail _____

Telephone _____

Fax _____

Authorized signature _____

Date _____

Organization description:

Please provide here or attach to this form, a brief description of your organization.

Type of payment:

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 attached to this application. It is understood that as an active member, we are entitled to Illinois Tourism Alliance services and that we will comply with the Illinois Tourism Alliance's bylaws.

Mail or fax completed forms to:

Nina Winston, Executive Director

Illinois Tourism Alliance

27 East Monroe, Suite 514

Chicago, IL 60603

Phone: 312-658-1047 Fax: 312-873-4015

nwinston@illinoistourismalliance.org

www.illinoistourismalliance.org