

# ODMO Associate Membership Application

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Official Representative to ODMO: \_\_\_\_\_

Title: \_\_\_\_\_

Type of Business and/or Services Offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DUES SCHEDULE:** Annual Associate Dues are \$500 per year  
ODMO's membership year is the same as its fiscal year (7/1/20xx to 6/30/20xx)

Remittance enclosed: \_\_\_\_\_

Please invoice: \_\_\_\_\_

Remit to: Oregon Destination Marketing Organizations  
Bill Cross, ODMO Director  
114 Coolidge St., Silverton, OR 97381