



Western Newfoundland Destination Management Organization

Membership Application Form

You may also [complete this application online on our website](#).

Organization Name:		
Sector: (ex. Accommodator, Boat Tour Operator, Community Organization)		
Contact Person: (First and Last Name)		
Physical Location:		City/Town:
Mailing Address:		City/Town:
Business Telephone:	Other Telephone:	Postal Code:
Fax:	Email:	*Would you like to be added to our emailing list? Yes No
Website: http://	Facebook: facebook.com/	Twitter: twitter.com/
YouTube: youtube.com/	Others:	
Does this organization have a listing or listings in the official Traveller's Guide? Yes No Not Sure		
Does this organization meet the minimum standards of the Tourism Assurance Plan (TAP)? Yes No Not Sure N/A		
Which of the following best describes this organization? For Profit Not For Profit		
Additional Comments:		
Signature:		Date:

*Please note that by indicating 'Yes', you are giving the Western DMO express consent to add your email address to our emailing list and to receive our monthly tourism industry newsletters and occasional important updates.

Go Western Newfoundland

Western Newfoundland Destination Management Organization

2nd Floor Commerce Court, 50 Main Street, Corner Brook, Newfoundland, A2H 1C4

t: 1 709 639 4787 f: 1 709 639 9555 e: info@gowesternnewfoundland.com w: gowesternnewfoundland.com



Please return your application form by mail, fax or email, or [complete it online on our website](#). Membership is valid upon the Western DMO receiving a completed and signed application form, as well as payment in full. Membership is renewed on an annual basis one year from the date joined.

Western DMO membership is \$50 for non-profit organizations and \$100 for all others, HST exempt. Payment can be made by credit card by calling (709) 639-4787 or using the form below, or by mailing cash or cheque made out to Western NL DMO to:

Western NL DMO Inc.
2nd Floor Commerce Court
50 Main Street
Corner Brook, NL A2H 1C4

Credit Card Payment Form

Name on Card: _____ Payment Amount: _____

Card Number: _____ Expiry Date: _____

CVV #: _____ Cardholder Signature: _____

Contact

Marketing & Administration Coordinator
Phone: (709) 639-4787
Fax: (709) 639-9555
Email: info@gowesternnewfoundland.com