



## 2014-15 NEW MEMBER Membership Application

Company Name: \_\_\_\_\_

Primary Representative Name and E-mail  
\$350 Special Rate for New Members only:

\_\_\_\_\_

Secondary Member(s) Name and E-mail \$75:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Total Membership Fee Enclosed: \$ \_\_\_\_\_

Please remit payment to:  
Mississippi Tourism Association, P.O. Box 2745,  
Madison, MS 39130