



Membership Application
3980 River Road, Wisconsin Dells, WI 53965
608-354-7110
contact@tnmca.net * www.tnmca.net

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If different than above): _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Fax: _____ Web Address: _____

Email Address: _____
(To appear in directory) (Other/Alternate)

Designated Representative: _____ Title: _____

Email Address (If different from above): _____

Other representatives to be listed (If any):

Name: _____ Title: _____

Name: _____ Title: _____

Membership Categories (Choose category(s) that apply):

___ Motorcoach Operator | ___ Attractions | ___ CVB's & DMO's | ___ Lodging | ___ Restaurant

___ Motorcoach Sales & Service | ___ Travel Planner / Receptive

- Annual Membership dues: \$300.00. Memberships renew every January.
- Additional listings per sister properties/companies: \$25 per location

Membership Information must be provided for each additional property:

(A.) _____ | B.) _____

Payment must be made by check or credit card

Make Checks Payable to: Tennessee Motor Coach Association, and mail to: 3980 River Rd, Wisconsin Dells, WI 53965

As a member of the Tennessee Motor Coach Association, I agree to conduct all business affairs with integrity, sincerity and accuracy in an open and forthright manner when dealing with the public and my colleagues of TMCA Association.

Full Name: _____

Signature: _____

Date: _____

(COMPLETED FORM MUST BE RETURNED WITH PAYMENT)

updated on 11/14/23