



Yakima Valley Tourism

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Yakima, WA 98901

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2020 MEMBERSHIP SIGN UP FORM

You can sign up online! Go to
<https://form.jotform.com/92316566547162>

Business Name: _____

Please write it exactly as you'd like it to appear in the Travel Guide and on our website.

Published Address: _____ **City:** _____ **ZIP:** _____

This will be displayed in your listing in the Travel Guide and on our website.

Mailing Address: _____ **City:** _____ **ZIP:** _____

Billing Address: _____ **City:** _____ **ZIP:** _____

Published Phone Number: _____ **Fax Number:** _____

This will be displayed in your listing in the Travel Guide and on our website.

Company Email Address: _____

This will be displayed in your listing in the Travel Guide and on our website.

Website Address: _____

This will be displayed in your listing in the Travel Guide and on our website.

Facebook: _____

Instagram: _____

Main Contact: _____ **Title:** _____

Email Address: _____

Phone: _____ **Cell:** _____

ADDITIONAL CONTACTS:

(1) Contact: _____ **Title:** _____

Phone: _____ **Email:** _____

Please Describe Your Business: _____

Business Name (cont): _____

Pet Friendly: Yes _____ No _____

Pet Policy: _____

MEMBER CATEGORY:

- | | |
|------------------------------|-----------------------------|
| _____ Accommodations | _____ Farm Fresh Fun |
| _____ Arts/Entertainment | _____ Outdoor Adventure |
| _____ Attractions | _____ Printing Services |
| _____ Beer | _____ Real Estate |
| _____ Business Services | _____ Relocation |
| _____ Catering | _____ Rental Facility |
| _____ Cider | _____ Retail |
| _____ Community Organization | _____ Spirits |
| _____ Convention Services | _____ Sports |
| _____ Day Spas | _____ Tour and Travel |
| _____ Dining | _____ Transportation |
| _____ Education | _____ Wine |
| _____ Event Venues | _____ Wine Country Weddings |

PAYMENT INFORMATION:

Member Dues: \$ _____

Payment Options (check one): **Annual** **Semi-Annual**

Invoicing (check one): **Mail:** **Email:**
it will go to the billing address *it will go to the main contact email*

Total Amount Collected: \$ _____ **Balance Due:** \$ _____

I understand my signature contracts me or my business for 12 months of membership from the date of this application. I further understand I will be billed AUTOMATICALLY for membership renewal and that it is my responsibility to cancel membership. Membership will be subject to automatic cancellation if payment is not received within 90 days after the first renewal notice and could subject me or my business to collection activities.

Authorized Signature: _____ **Date:** _____