



Attractions Association

## **Membership Opportunities**

### **Full Membership \$400.00 plus brochure assessment dues – Attractions Only**

- Full-color listing in brochure requires an additional assessment fee based on your previous year's attendance
- Opportunity to serve and vote on committees
- Full listing on the website
- Opportunity to distribute promotional and advertising materials at SAAA meetings
- 50 Employee passes to attractions per month
- Boosted Facebook Posts
- To be a full member, the attraction must be in business for at least a year

### **Associate Membership \$300.00**

- Opportunity to distribute promotional and advertising materials at SAAA meetings
- Opportunity to serve and vote on committees
- Listing on a panel on the brochure with a website address
- Employee passes to attractions

### **Allied Membership \$150.00**

- Opportunity to serve on committees
- Opportunity to distribute promotional and advertising materials at SAAA meetings
- Listing on website

The Association is committed to developing a coordinated approach to promote and develop the tourist and travel industry in St. Johns County. Also, we encourage cooperation among members, maintain high standards of business dealings, collectively present our position on political issues to our elected representatives, compile and distribute information of benefit to our members, and provide support for our members.



**Membership Application –  
Please email to [staugattractions@gmail.com](mailto:staugattractions@gmail.com)**

Type of Membership Desired:  Full Member (Attractions Only)  Associate Member  Allied Member

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Check One:  Corporation  Association  Company  Individual  Other

**Representative of Applicant:**

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

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

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

**Explain briefly the nature of the applicant's business:**

\_\_\_\_\_  
\_\_\_\_\_

**Other professional organizations in which the applicant are presented:**

\_\_\_\_\_  
\_\_\_\_\_

Sponsoring Member Attraction: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY SAAA EXECUTIVE BOARD**

Date Reviewed: \_\_\_\_\_ By Whom: \_\_\_\_\_

Action Taken by the Board: \_\_\_\_\_

Date of Board Action: \_\_\_\_\_