



Destination Management Certified Professional
ENROLLMENT FORM

The Association of Destination Management Executives' DMCP designation is the hallmark of professional achievement in the destination management industry. The DMCP is earned through education, performance, industry experience, leadership and service, and reflects a commitment to professional conduct and ethics.

Please enroll me in the DMCP program offered by the Association of Destination Management Executives.

MEMBER ENROLLMENT FEE: \$25.00 U.S. NON-MEMBER ENROLLMENT FEE: \$50.00 U.S.
I understand that the enrollment fee will register me for the DMCP program and is a non-refundable fee. Further, I understand that there will be additional costs involved to fully obtain the DMCP designation. (Go to www.dmcpinfo.org for complete fee information. Do not send additional fees.)

Mr. Mrs. Ms.
Name: First _____ MI ___ Last/Family _____
Other Certifications: _____ SS# / Passport# (Last4) _____
Title: _____ Name of Company: _____
Address1: _____ Address2: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Telephone: _____ Fax: _____

ARE YOU A CURRENT ADME MEMBER? Yes No # of Years? _____
If no, is anyone with your company a member? Yes No (if yes, member enrollment fee applies)
ADME MEMBER NAME _____

Certification exams are given twice a year in conjunction with the ADME Conference in winter and a location to be determined in summer. You will receive a packet of information, including the process of point assignment and documentation, application requirements, list of resource materials, and order form for publications for use in preparing for the examination. Please see the most current DMCP Schedule at www.dmcpinfo.org for test dates and deadlines.

METHOD OF PAYMENT

American Express MasterCard Visa Check made payable to ADME
Name on card _____ Card number _____
Billing address _____
Signature _____ Expiration Date _____

The DMCP Application will be sent electronically to you in Acrobat. To save this form, you will need Acrobat. Acrobat Reader is not able to save forms as new files.

RETURN FORM AND PAYMENT TO: ADME - DMCP Program Office
PO Box 2307, 11 W Monument Ave., Suite 510
Dayton, OH 45401-2307 Fax 937.586.3699
***Enrollment deadlines apply**
see www.dmcpinfo.org for info For further information, call: 937.586.3727