



# TOURISM BEST MANAGEMENT PRACTICES MEMBER SIGN UP FORM

Dear Tourism Best Management Practices Participants and Supporting Partners:

On behalf of Juneau’s tourism/business community, we invite your company or organization to sign on to 2024’s Tourism Best Management Practices (TBMP) program. **We do ask you to sign on each season.** This program incorporates operational guidelines gleaned from community surveys, the tourism hotline, public meetings, and CBJ Assembly and Management input. Last season 125 businesses and 2,2650 participated in the program.

The program will continue to utilize the TBMP **Employee Agreement**. Designed to increase awareness and accountability at every level of employment, this agreement will provide maximum accountability and adherence to the Tourism Best Management Practices guidelines.

To ensure effectiveness and to bolster public confidence in this non-regulatory approach to responsible tourism management, we request your continued participation and support. **Please sign and return this letter by email to Elizabeth Arnett ([elizabeth.arnett@traveljuneau.com](mailto:elizabeth.arnett@traveljuneau.com)) or mail to Elizabeth Arnett, Travel Juneau, 800 Glacier Ave #201, Juneau, AK 99801 no later than April 1<sup>st</sup>, 2024.** Please keep a copy for your records. We will add you to the list of local businesses/organizations which value and support conducting operations in a manner that minimizes impacts in our community.

As we celebrate 27 years of success, please accept our sincere thanks to the companies and individuals who have participated and remained committed to TBMP. This important cooperative effort will continue to define Alaska’s capital city as a great place to visit and a wonderful community in which to live. THANK YOU!

(Business Name) \_\_\_\_\_ agrees to follow, to the best of its ability, the guidelines put forth by the Tourism Best Management Practices program.

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative Name \_\_\_\_\_

Business Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Approximate number of employees who will sign on to the program** \_\_\_\_\_

TBMP Point of Contact name(s), email(s):

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