

American Society of Travel Agents — Allied Company Membership



For domestic or internationally-based travel industry supplier companies providing products, services and information sold or used by travel agents and travel agencies.

1. PROOF OF LEGITIMACY

If your company does not have a website, it is a requirement that you provide brochures or materials detailing your company's product or services.

2. REGISTRANT INFORMATION

Doing Business As/Trade Name _____

Mr/ Mrs/ Ms First Name _____ Last _____ Informal _____

Title _____

Mailing Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone (include city/country code) _____ Fax _____

E-mail _____ Website _____

3. PLEASE INDICATE YOUR COMPANY'S BUSINESS TYPE

- | | | |
|--|--|--|
| <input type="checkbox"/> ACC Accessible Travel/ Handicap | <input type="checkbox"/> INS Insurance | <input type="checkbox"/> PAY Payment Services/ Credit Cards |
| <input type="checkbox"/> AIR Airline | <input type="checkbox"/> LAW Lawyers/ Consultant | <input type="checkbox"/> PUB Publication/ PR/ Marketing |
| <input type="checkbox"/> APL Airplane Leasing/ Executive Jets/ Charter | <input type="checkbox"/> LIM Limousine/ Van Service | <input type="checkbox"/> RRL Rail Line/ Railroad |
| <input type="checkbox"/> ATT Attractions & Restaurants | <input type="checkbox"/> LBB Lodging - Bed & Breakfast | <input type="checkbox"/> TBD Tourist Board/ CVB/ Government |
| <input type="checkbox"/> CAR Car Rental Firm | <input type="checkbox"/> LCC Lodging - Corporation | <input type="checkbox"/> TEK Technology Solutions |
| <input type="checkbox"/> CNS Consortium/ Franchise - Agency | <input type="checkbox"/> LIP Lodging - Individual Property | <input type="checkbox"/> TOP ASTA's Tour Operator Program |
| <input type="checkbox"/> CON Consolidator/ Wholesale | <input type="checkbox"/> LRE Lodging - Resort | <input type="checkbox"/> TOU Tour Operator |
| <input type="checkbox"/> CRU Cruise Line/ Boating | <input type="checkbox"/> MOT Motor coach/ Bus | <input type="checkbox"/> TSI Traveler Services & Information |
| <input type="checkbox"/> HUM Human resources | <input type="checkbox"/> OFF Office Services | <input type="checkbox"/> OTH Other _____ |

4. MEMBERSHIP SERVICES

ASTA Green Program— Check box to purchase As an ASTA member, for only \$499 you will receive the Educational ASTA Green Report for Travel Suppliers, use of the Green ASTA Logo (upon completion of certain requirements), monthly eTips on green travel and recognition as a Green supplier. Visit us at www.ASTA.org/green. (Annual renewal)

FREE ASTA SmartBrief eNewsletter, receive e-mail news briefings 5 times a week from hundreds of top sources. **Subscribe at <http://www.smartbrief.com/asta>.**

Under federal law ASTA dues are not deductible as charitable contributions, but 97% of dues may be deductible as a business expense. \$12 of your dues is allocated to ASTANetwork Subscription. Cancellations within 30 days are charged \$50, after 30 days dues are nonrefundable. To the best of my knowledge, my application is accurate and complete. I (i) am eligible for membership under the ASTA Bylaws, (ii) will comply with the ASTA Code of Ethics and Bylaws set out at www.ASTA.org, (iii) have not used ASTA's logo or misrepresented an affiliation with ASTA within 3 years of this application, and (iv) will not use ASTA's logo or trademarks until the application is approved in writing. I give my consent to receive faxes from the American Society of Travel Agents, Inc and any of its subsidiaries and affiliates directed to the fax numbers on this document.

Join Young Professional Society (YPS)— Check box to participate

Date of Birth _____ (required)

- FREE organization within ASTA
- Exclusive society for travel professionals under age 40
- Networking opportunities with a group of peers
- Special events at ASTA conferences

YPS Requirements: Membership in ASTA

5. SIGNATURE _____ Date _____

Name of ASTA member who recommended you to join (optional):

6. MEMBERSHIP DUES

Annual Allied Membership*\$549

Initial processing fee \$30

Dues Subtotal.....\$579

*Every year thereafter membership is renewed at \$549 USD annually.

ASTA Green Program (Optional - \$295 annually)\$ _____

Total Payment.....\$ _____

C. Please charge my membership dues to:

AmEx MasterCard VISA Diners Club Discover

Acct. # _____

Expiration Date _____

Signature _____

Name as it appears on card _____

A. Check for full payment, made payable to ASTA. Check # _____

B. Wire Transfer - PNC Bank NA, 8800 Tinicum Blvd, Philadelphia Pa 19153, USA,
Telephone Number: 1.800.272.4912 Routing/ABA: 031000053; Swift Code: PNCCUS33;
Account#: 5300766238; American Society of Travel Agents

Fax to: 703.838.8467 • **Call:** 800.440.ASTA • **Email:** join@asta.org
Application Processing Center: ASTA, PO Box 820025, Philadelphia, PA 19182-0025

ASTA World Headquarters: ASTA, 1101 King Street, Suite 200, Alexandria, VA 22314, USA