



Official Use only:

Date received: _____
 Membership through December 31st, _____
 Check # _____ or PayPal
 Amount: \$ _____
 Date faxed or scanned & emailed to
 roster@sftravelpros.org: _____

NEW MEMBER APPLICATION

Membership Qualification: Any person actively engaged in selling and/or promoting travel at least one year immediately prior to applying for membership.

Application Date: _____

First year membership dues: \$65 (January 1st – December 31st; includes a one-time application fee of \$25)

Thereafter, annual dues: \$40 (January 1st - December 31st)

SPECIAL: Anytime after July 1st through December 31st the following year: **\$60** (for up to 18 months membership) (one-time application fee **WAIVED** – this special is subject to withdrawal by the Board at any time)

Personal Information:

(please print)

Company Information:

Your Name: _____

Your position/title: _____

Home Address: _____

Home City, State, Zip: _____

Home Tel.: _____

Home Fax: _____

E-mail at home: _____

Cell: _____

Birthdate: _____
Date Month

Company Name: _____

Company Address: _____

Company City, State, Zip: _____

Company Tel.: _____

Company Fax: _____

E-mail at work: _____

Website: www. _____

Years in travel industry: _____

Communication is generally by email. Which **email address** should we use: Home Work

Some things necessitate regular US mail. Which **physical address** should we use: Home Work

Who is your SFTP sponsor? (Name:) _____

Industry Category (Please mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> (TO) Tour Operator/Wholesaler | <input type="checkbox"/> (NT) Tourist Office/Chamber of Commerce/Consulate |
| <input type="checkbox"/> (TA) Travel Agency/Travel Agent | <input type="checkbox"/> (CL) Cruise Line |
| <input type="checkbox"/> (MP) Convention/Meeting Planner | <input type="checkbox"/> (ML) Multiline Rep |
| <input type="checkbox"/> (WM) Travel Writer/Media Producer | <input type="checkbox"/> (CR) Car Rental/Limousine |
| <input type="checkbox"/> (SR) Sales Rep | <input type="checkbox"/> (AL) Airline |
| <input type="checkbox"/> (PR) Personnel | <input type="checkbox"/> (HO) Hotel |
| <input type="checkbox"/> (RL) Rail | <input type="checkbox"/> (OO) Other: _____ |
| <input type="checkbox"/> (CS) Consolidator | |

Please explain

Membership applications are reviewed and passed by the Board. Applicants will be notified by letter of their acceptance or rejection. (By-laws 2007, Article IV, Section 7) • Thank you for selecting SFTP as your Member Organization.

Pay via PayPal on our website http://sftravelpros.org/SFTP_Membership.html, then mail application and 2 business cards OR mail a check payable to SFTP, along with application and 2 business cards to:

Diane Habell-Jower • P.O. Box 20538 • Castro Valley, CA 94546

Tel. (510) 350-2052 • Email: membership@sftravelpros.org

(Your payment and a photocopy of this form will serve as your receipt.)