



**Official Use only:**

Date received: \_\_\_\_\_  
 Membership through December 31<sup>st</sup>, 2010  
 Check # \_\_\_\_\_ or  PayPal  
 Amount: \$ \_\_\_\_\_  
 Date faxed or scanned & emailed to  
 roster@sftravelpros.org: \_\_\_\_\_

## MEMBERSHIP RENEWAL

**Annual dues: \$40** (January 1<sup>st</sup> - December 31<sup>st</sup>)

**Renewal Date:** \_\_\_\_\_

(Annual dues for SFTP Honorary and Members formerly known as SFMT Life Members are complimentary.)

Membership is automatically forfeited if annual membership dues have not been paid by January 31. (By-laws 2007, Article V, Section 2)

Thank you for renewing your membership with SFTP. Your support, continued enthusiasm and contributions to our organization are appreciated by your governing Board and fellow Members.

**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

**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

**Pay via PayPal on our website [http://sftravelpros.org/SFTP\\_Membership.html](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.)