



MEMBERSHIP APPLICATION FORM

Agency Name: _____

Nominated Representative: _____ Title: _____

Postal Address: _____

Street Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Professional Indemnity Insurance Policy Number (compulsory): _____

Insurance Company: _____ Date of Expiry _____

Travel Agents Licence Number: _____

Australian Business Number: _____ Years in Operation: _____

Details of Shareholders (show percentages): _____

Number of Staff: _____

Registered for Smart Traveller? Yes / No (*Charter for Safe Travel is a joint initiative between DFAT and the Australian travel industry. If you have not yet registered, visit the Smart Traveller website: www.smartraveller.gov.au/industry_charter/registration.html*)

Brief outline of history of Agency: _____

Accreditations: _____ Qantas: _____ (date) _____ IATA _____ (date) _____

Manager Travel Qualifications: _____ Travel College Attended: _____

Other Qualifications: _____ CTM Registered: _____

Years experience in travel: _____

Has manager been associated with previous membership of AFTA: _____

(if so give details) _____

Are premises solely used for travel business: _____

(if not give details): _____

Member of Multi/Buying Group: _____

Wish to pay concessional Membership Fees: _____

NB. If the applicant pays the concessional membership fee, the agency relinquishes its voting rights

Membership Type Full/Additional Locations/Multi/Franchise/Buying Group: _____

Signed: _____ **Date:** _____

Form of Payment Cheque / Amex / Visa / Diners / Mastercard / EFT _____ Amount AUD\$ _____

Credit Card Number: _____ Expiry Date: _____

Signed: _____ **Date:** _____

*(An Additional 1% credit card service fee will be applied to the dollar amount paid by credit or charge card)