



Australian Travel Professionals Program Membership Application Form

Personal Details

Mr / Mrs / Miss / Ms (please circle)	Date of Birth:
First Name:	Surname:
Address:	
Telephone:	Fax:
E-mail:	Place of Employment:

Please indicate the category of membership requested

- | | |
|--|--|
| <input type="checkbox"/> Travel Affiliate (AFF) | <input type="checkbox"/> Certified Travel Supervisor (CTS) |
| <input type="checkbox"/> Certified Travel Consultant (CTC) | <input type="checkbox"/> Certified Travel Manager (CTM) |

Two-year membership fees payable - please indicate one:

- | | |
|---|---|
| <input type="checkbox"/> Travel Affiliates | \$44 GST Incl. |
| <input type="checkbox"/> All Other categories | \$110 GST Incl. (includes one-time joining fee of \$30) |

**Please note: All fees are tax deductible expenses*

Payment Authority

(+ 1% Service Fee for MasterCard / VISA / AMEX Payments)

Authority MUST be completed for Payment by Credit Card

PAID BY (please circle): CHEQUE MASTERCARD/VISA/AMEX EFT

CREDIT CARD AUTHORITY:

I authorise AFTA to charge my credit card with the annual subscription fees indicated above. I understand that if I select the quarterly payment plan, more than one payment will be processed against the details provided.

Card Number: ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ Expiry Date: ___ ___ / ___ ___

Card Holder's name: _____

Signature: _____ Date: ___ / ___ / ___

EFT / CHEQUE:

Account Name: Australian Federation of Travel Agents Ltd.
 Bank: Westpac Banking Corporation BSB: 032-006 A/C No: 449104
 Reference: (please ensure your name is quoted to easily identify your payment)
 Remittance: accounts@afta.com.au



Documentation

If employed, please enclose a letter from your employer stating the position you hold and your length of service.

A completed training record covering the 2 years preceding this application

AND / OR

A photocopy of your College Certificate

College course title	
College attended	Year course completed:

Declaration

I am aware that an application, which is false and misleading in any material, may lead to the refusal, or alternatively the cancellation, of my registration.

I do solemnly and sincerely declare that my answers to the information required herein, together with information contained in any documents forwarded herewith are true and correct.

Signature: _____

Date: / /