

Australian Travel Professionals Program

Membership Application Form

Personal Details

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

Company Details

Company Name:	
Company Address:	
Postcode:	
Telephone:	Fax:
E-mail:	ABN:

Please indicate the category of membership requested

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

Two-year membership fees payable - please indicate one:

- Travel Affiliates \$44 GST Incl. for two years.
- Other categories \$110 GST Incl., consists of a one-time joining fee of \$30 & \$70 for two years membership, plus \$10 GST

All fees are tax deductible expenses

Please find enclosed \$ _____ cheque/money order (made payable to AFTA)

Credit Card (please tick):	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Diners Club
Name on card:	Expiry Date: /			
Card Number:	Amount: AUD\$			
Signature of cardholder:	Date:			

(Please note: An additional 1.5% credit card service fee will be applied to the dollar amount paid by credit or charge card.)

This application form becomes a tax invoice upon receipt of your payment.

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:

Promotional Mail

May your name and business address be made available to travel industry organisations for occasional distribution of promotional material? (please circle) Yes No

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: / /

Office Use Only

Date Received / /

Date Processed / /

Documentation Verified / /

Date of Issue / /

Registration No.

Fax or mail to

Australian Travel Professionals Program

AFTA - Level 3 309 Pitt Street Sydney NSW 2000

Tel (02) 9287 9900 Fax (02) 9264 1085

Email: afta@afta.com.au • Web address: www.afta.com.au

ABN: 72 001 444 275