



TRAVEL AGENCY MEMBERSHIP APPLICATION
Long Island Travel Agents Association

Agency Name: _____

Business Phone: _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

List each Principal with Home Phone:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Manager on Record: _____

IATA #: _____ **CRS System:** _____

E-mail: _____

Consortium Membership: _____

Website: _____

Annual dues are \$120.00. Please enclose a check payable to LITAA.

The Undersigned subscribes to the bylaws of LITAA and the code of ethics:

Signature of Each Principal

1. _____

2. _____

3. _____

COMPLETE THIS FORM AND RETURN TO:

Let's Go Travel, Inc.

Richard Gordon

3014 Beach Drive

Merrick, NY 11566

(516) 223-3408

Or E-mail to: Richard@letsgotravelinc.com