



**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:**

**Jim Marino**  
**c/o Oyster Bay Travel**  
**53 Audrey Ave**  
**Oyster Bay, NY 11771**  
**516 922 4700**

**Or E-mail to: [jim@oysterbaytravel.com](mailto:jim@oysterbaytravel.com)**