



SUPPLIER MEMBERSHIP APPLICATION
Long Island Travel Agents Association

ORGANIZATION: _____

REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: _____ **FAX:** _____

HOME PHONE: _____ **CELL PHONE:** _____

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Annual dues are \$60.00. Please enclose a check payable to LITAA

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