



Association of Canadian Travel Agencies
Association canadienne des agences de voyages

INDEPENDENT TRAVEL AGENT

MEMBERSHIP APPLICATION

Full Name: _____

Agency Affiliation/Host Agency Brand: _____

Contact: _____ Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

IATA/TIDS #: _____ Prov. Reg. # (BC, ON, QC): _____

Your Sales Mix %: _____ Leisure: _____ Corporate: _____

We are here to help!

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\$195 (Independent Travel Agent working with an ACTA Agency)

\$295 (Independent Travel Agent working with a NON-ACTA Agency)

PAYMENT INFORMATION

Visa Mastercard American Express Cheque - Payable to ACTA

Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature: _____ Amount: _____

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