



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!

Doreen Lynch, Director of Membership (dlynch@acta.ca) ext. 135

Judy Bunkall, Western Canada (jbunkall@acta.ca) ext. 136

Fiona Bowen, Ontario (fbowen@acta.ca) ext. 126

Manon Martel, Quebec (mmartel@acta.ca) ext. 137

- \$195 plus applicable taxes (Independent Agent working with an ACTA Agency)
- \$295 plus applicable taxes (Independent 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: _____

2560 Matheson Blvd. East, Suite 226, Mississauga, ON L4W 4Y9
P. 905-282-9294 / 888-257-2282 F. 905-282-9826 / 855-349-0658
E. membership@acta.ca

www.acta.ca