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ADVENTURE TRAVEL
TRADE ASSOCIATION
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ANNUAL MEMBERSHIP APPLICATION FOR INDUSTRY PARTNERS

MEMBER INFORMATION

Company Name Website URL
Industry (airline, technology, insurance, gear manufacturer, etc.)
Billing Address
City State/Territory ZIP/Postal Code Country
Mailing Address (if different)
City State/Territory ZIP/Postal Code Country
General Telephone Number General Email Address

PRIMARY CONTACT INFORMATION

First Name Last Name
Job Title
Telephone Number Email Address

PAYMENT METHOD

PAYMENT MUST BE SUBMITTED WITH APPLICATION. **FEE: US \$750**

I've enclosed my check, numbered _____
Bill my Visa, Mastercard, American Express or Discover Card: - - -
Name on Card Expiration Date (MM/YY) /
Signature

Contact us for bank transfer information

PLEASE MAIL, FAX OR EMAIL TO

Adventure Travel Trade Association
601 Union Street, Suite 4200
Seattle, WA 98101 - USA

Phone: 360-805-3131
Email: info@adventuretravel.biz
Fax: 360-805-0649

Learn. Partner. Grow.