

JOIN THE ATTA



ADVENTURE TRAVEL
TRADE ASSOCIATION
www.adventuretravel.biz

ANNUAL MEMBERSHIP APPLICATION FOR TOUR OPERATORS, TRAVEL AGENTS & ACCOMMODATIONS

MEMBER INFORMATION

Company Name		Website URL	
Industry	Tour Operator	Travel Agent	Accommodation
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 \$500**

I've enclosed my check, numbered _____

Bill my Visa, Mastercard, American Express or Discover Card: - - -

Name on Card _____

Signature _____

Expiration Date (MM/YY) /

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.