

EASTERN TRAVEL ASSOCIATION

ETA Membership Application

This completed application and your \$20.00 fee (\$30.00 if received after January 31st) will serve to hold your membership in ETA from January through December. Student members pay \$10.00. Please print the information requested below. Checks should be made payable to ETA. **Email address is required as we only use USPS for invoicing.**

Print clearly!

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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LAST NAME

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FIRST NAME

Mr Ms Mrs Miss _____
Please Circle Company

COMPANY ADDRESS (STREET, CITY, STATE, ZIP)

COMPANY PHONE ☎ COMPANY FAX ☎ EMAIL 📧

Please send invoice to this alternate address:

I am a Student Member

TRAVEL AGENTS	SUPPLIERS
Are YOU a <input type="checkbox"/> new or <input type="checkbox"/> renewing member?	Are YOU a <input type="checkbox"/> new or <input type="checkbox"/> renewing member?
Is your COMPANY <input type="checkbox"/> new or <input type="checkbox"/> renewing?	Is your COMPANY <input type="checkbox"/> new or <input type="checkbox"/> renewing?

If your membership is new, who is your sponsoring ETA member? _____

Please circle "home" chapter, the location you will be attending most often: MDT AVP ABE

THANK YOU FOR SUPPORTING THE EASTERN TRAVEL ASSOCIATION

Please complete this form, enclose your check and mail to:

Fran McBride
Membership Chairman
953 Fallen Oak Drive
Easton, PA 18040-6732