

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. **PLEASE PRINT CLEARLY.** Email address is required for the electronic newsletter and the US Postal Address for Invoicing.

Checks should be made payable to "ETA".

<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)

PHONE  (extension)

EMAIL

Home Address (Optional)

TRAVEL AGENTS

Are YOU a new or renewing member?

Is your COMPANY new or renewing?

SUPPLIERS

Are YOU a new or renewing member?

Is your COMPANY new or renewing?

If your membership is new, who is your sponsoring ETA member? (Not required) _____

Please circle "home" chapter (i.e.) the location you will be attending most often: MDT AVP ABE

THANK YOU FOR SUPPORTING THE EASTERN TRAVEL ASSOCIATION

Please mail this form and your check to:

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