

**TRAVEL AGENCY VERIFICATION OF EMPLOYMENT STATUS**

**IN ORDER TO JOIN THE TRAVEL INDUSTRY ASSOCIATION OF FLORIDA**

Dear Travel Agency Owner,

An associate from your agency that does not have travel industry accreditation in his or her name has applied for membership into the TIA, Travel Industry Association of Florida under the category of

**“Allied Travel Advisor” or “Retiree”**

**IN ORDER TO ASSIST THEM IN JOINING, PLEASE FOLLOW THE STEPS BELOW**

1. Copy and paste the below application form on your Agency letterhead.
2. Completed application **must** be signed by the agency owner.
3. Application **must** include a copy of the travel agency credentials such as ARC, IATA, CLIA, TRUE or Seller of Travel license in order for the travel advisor to be considered.

Retirees must submit a copy of their Retired Card.

1. Copy of applicants most recent 1099 or W2

(*BELOW IS THE FORM TO BE COPIED AND PASTED*)

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**TIA, THE TRAVEL INDUSTRY ASSOCIATION OF FLORIDA**

 **ALLIED TRAVEL ADVISOR/RETIREE MEMBERSHIP APPLICATION**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as owner of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby attest that (Applicant’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a seller of travel within my travel agency but does not have qualified travel industry documentation or identification at this time.

If applicant is accepted, I understand that TIA of Florida has the right to terminate applicant’s membership as well as my travel agency’s membership should any statements be found false.

SIGNATURE OF AGENCY OWNER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_