



**THE 2024 TRAVEL INDUSTRY ASSOCIATION OF FLORIDA MEMBERSHIP APPLICATION FORM**  
**PLEASE CHECK ONE**

This is a new membership ( )

This is a renewal membership ( )

1. \_\_\_\_\_ **\$40 TRAVEL ADVISOR** – I am a fully accredited travel advisor with proper credentials such as a current photo ID of travel industry affiliation. These must be presented upon applying or renewing.
2. \_\_\_\_\_ **\$60 ALLIED TRAVEL ADVISOR/RETIREEES** – I am personally an unaccredited travel advisor or retired. Employing Travel agency must be accredited with CLIA, IATA, TRUE, etc. and **must complete a form** attesting to the advisors present or past employment and supply substantiating proof. After one year in the category of Allied Travel Advisor the Board of TIA will evaluate the continued eligibility of that member in this tier.
3. \_\_\_\_\_ **\$100 SUPPLIER** – All travel related entities other than category #1 & #2 above. One representative/employee per supplier i.e. hotel, tour operator, airline, tourist board, cruise line etc. Additional members pay \$60 each.

**IMPORTANT!** I, the applicant, fully understand and accept that the Allied Travel Advisor, Retirees and Supplier Categories **ARE NOT ELIGIBLE FOR RAFFLE PRIZES OR "FAM" TRIPS.**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ IATA/CLIA/TRUE: # (required) \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

# OF YEARS WITH PRESENT EMPLOYER: \_\_\_\_\_ #OF YEARS IN THE INDUSTRY: \_\_\_\_\_  
#OF MEETINGS ATTENDED LAST YEAR \_\_\_\_\_

Check all organizations to which you or your agency presently belongs: IATAN: \_\_\_ ARC: \_\_\_ ASTA: \_\_\_ CLIA: \_\_\_ OTHER: \_\_\_

**IMPORTANT REQUIREMENT:** If you are an accredited Travel Advisor, please attach a copy of your valid picture identification card (IATAN, CLIA or TRUE) along with your business card.

This is mandatory. Applications without valid travel industry picture ID will not be processed.

WORK ADDRESS: \_\_\_\_\_  
City State Zip Code

WORK PHONE #: \_\_\_\_\_ WORK FAX #: \_\_\_\_\_

WORK EMAIL: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ HOME FAX #: \_\_\_\_\_ CELL #: \_\_\_\_\_  
City State Zip Code

If accepted by the association, I agree to abide by the terms and conditions and code of ethics of said association found on [www.TIAFLORIDA.ORG](http://www.TIAFLORIDA.ORG). I also understand that if I register for a TIA event and I need to cancel my registration, I shall notify the association of my cancellation at least 72 hours prior to the event; otherwise I will be charged in full for the cost of participation. Once I receive the invoice, I promise to make payment immediately; otherwise I will risk being removed from the membership.

Applicant's Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_ Sponsor's Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_

TIA's board reviews applications for approval on a monthly basis. If approved, you will receive an approval notification via email. Annual dues are noted above. Applications must be renewed on January 1<sup>st</sup> of every year.

**PLEASE MAIL APPLICATION, CHECK, BUSINESS CARD AND COPY OF YOUR PICTURE INDUSTRY ID TO:**  
**TIA OF FLORIDA – P.O.BOX 140146 – CORAL GABLES, FL 33114**

\*\* Please note: Make sure you include everything that is required. Incomplete forms will not be processed!

**FOR OFFICIAL USE ONLY**

ID RECEIVED: \_\_\_\_\_ CK#: \_\_\_\_\_ AMOUNT RECEIVED \$: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ DATE REJECTED: \_\_\_\_\_ REASON FOR REJECTION: \_\_\_\_\_