



Association for the
Promotion of Tourism to Africa

2009-2010 INDIVIDUAL MEMBERSHIP APPLICATION – SAN DIEGO

Travel Agent / Tour Consultant / Independent Contractor actively selling, or interested in selling or promoting, travel and tourism to Africa.

Annual Dues: \$40

Name: _____

Position/title: _____ Agency: _____

Address: _____

Newsletters will be distributed by regular mail.

Tel.: _____ Fax: _____

Email: _____

APTA news and meeting invitations will be distributed electronically.

Travel Industry Accreditation:

- CTC
 CTA
 MCC

Years in Industry: _____

Application Type: New Member Renewal

- ACC
 DS

Please indicate if you would be interested in volunteering as a:

Board member

Committee member

Application Date: _____

If New Member, Referred by: _____

Signature: _____

PLEASE NOTE:

Membership subject to approval by the Board of Directors.
Please make check payable to **APTA**,
and mail **check, application**
and **business card** to:

Mary K. Cloward, Regency Travel, 6239 Spruce Lake Ave., San Diego, CA 92119