



2018-19 Application for Tour Operator Membership

Tour Operator Members shall be companies with offices in the U.S. providing product services in the U.S. for international visitors to the U.S., but not meeting the minimum 75% revenue requirement for U.S. Inbound Operators.

General Information

Date _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Web Site _____

Primary Contact Name _____ Title _____

E-mail _____ Phone _____

Secondary Contact Name _____ Title _____

E-mail _____ Phone _____

President/Owner Name _____ Title _____

E-mail _____ Phone _____

Were you referred to IITA by an individual or company? _____

Company Profile

1. Date business was established and location? _____

If a rated company, please indicate rating _____

2. How does the company meet the criteria for Tour Operator Membership? Please briefly describe the company and its services (25 words or less).

3. Please indicate the web address for travel product or service or attach a brochure offering travel product or service. Applications not accompanied by web address or brochure will not be considered.

Web address: _____

Brochure is attached.

IITA Code of Ethics

“As a Member of the International Inbound Travel Association, my company and its representatives will:

- Support IITA mission and objectives,
- Educate our management and staff to effectively operate business partnerships with fellow members,
- Be guided in all of our activities by truth, accuracy, fairness and integrity,
- Honor all our commitments to fellow members,
- Avoid business practices which could be damaging to fellow members,
- Avoid activities which would create a conflict of interest,
- Encourage the highest standards of service and conduct by our management and staff.”

I have read, understand, and agree to abide by the IITA Code of Ethics.

Payment Information

IITA's membership year is from July 1 to June 30. Tour Operator Dues are _____ per membership year.

Under 25 million: \$595

Over 25 million: \$895

Please Check Payment Method:

Enclosed find a check (payable to International Inbound Travel Association) in the amount of: \$ _____

Charge my credit card in the amount of: \$ _____

If paying by credit card, please check one of the following: VISA MasterCard Amex

Cardholder's Name _____

Signature of Cardholder _____

Account # _____ Exp. Date _____

Mail or fax completed application with payment information to:

International Inbound Travel Association, Inc.
2365 Harrodsburg Road Suite A325
Lexington, KY 40504
Phone: 866.939.0934 Fax: 859.226.4404

Questions?
Please call 859.219.3545 or e-mail headquarters@inboundtravel.org
THANK YOU