



## 2019-20 Application for Industry Service Provider Membership

Industry Service Providers are companies that provide non-travel goods and services used by Inbound Tour Operator and/or Associate Members in conducting their normal business activities. These goods and services may include accounting, legal printing, insurance, advertising, technical and similar other goods and services.

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### 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? \_\_\_\_\_

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### 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 Industry Service Provider 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.

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## 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.

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## Payment Information

IITA’s membership year is from July 1 to June 30. Industry Service Provider Membership Dues are \$995 per membership year.

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](mailto:headquarters@inboundtravel.org)  
THANK YOU