

# WITS ~ Capital District

## Working In Travel Services

### 2010 – 2011 Membership Application

Send completed **membership form, business card and \$20.00** check (payable to WITS) for dues for the period of July 1, 2010 – June 30 2011, to the address below.  
*(Special price for dues received by July 15, 2010 - \$10.00)*

**PLEASE PRINT CLEARLY and COMPLETE IN FULL**  
*ONE APPLICATION PER PERSON, PLEASE*

Name Last	First Name	Title
Agency Name	Consortium Affiliation (if any)	
Home Address		City, State, Zip
<b>***** Email address for all meeting notices and WITS Correspondence *****</b>		
Business Phone	Home Phone	Fax
ARC Number	IATAN VER # (from card)	CLIA Number
Amount Paid: \$ _____ Check / Cash		Date
Signature		

**Mail completed application form, business card, a photocopy of your IATAN or CLIA card and check payable to WITS to:**

**Eileen Seery**  
 Custom Travel  
 24 Royal Oak Drive  
 Clifton Park, NY 12065

***Make Copies of this Application and Pass them on to your Industry Friends!***  
***\*\*\*\*\* Effective August 1, 2009 all correspondence is now by email only\*\*\*\*\****

WITS use only

Amt Pd: _____	CK# _____ / CA	Rcvd	Rcpt # _____	CN / Mail / Other	
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