



# ISTTE

International Society of Travel and Tourism Educators

## MEMBERSHIP APPLICATION/RENEWAL FORM

PLEASE RETURN TO: ISTTE  
23220 Edgewater  
St. Clair Shores, MI 48082

Name:	Title:		
School/Company:			
Street/PO Box:			
City/State:	Country:		
Zip/Postal Code:	Work Phone:		
Fax:	Email:		
<b>Membership Category Preference*</b>	<b>Dues**</b>		
Active Member	U.S. \$150 Per Annum <input type="checkbox"/>		
Associate Member	U.S. \$175 Per Annum <input type="checkbox"/>		
Institutional Member for up to three members	U.S. \$400 Per Annum <input type="checkbox"/>		
Emeritus Member	U.S. \$ 75 Per Annum <input type="checkbox"/>		
Graduate Student Member	U.S. \$ 95 Per Annum <input type="checkbox"/>		
<b>Which of the following are you affiliated with? (Please check only one)</b>			
<input type="checkbox"/> 2-Year College	<input type="checkbox"/> High School	<input type="checkbox"/> 4-Year University (with graduate program)	
<input type="checkbox"/> Corporate	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 4-Year University (with no graduate program)	
<input type="checkbox"/> Small Business	<input type="checkbox"/> Other. Please specify		
<b>Which of the following best describes your organization? (Please check only one)</b>			
<input type="checkbox"/> Private School	<input type="checkbox"/> Public School	<input type="checkbox"/> For-Profit Business	<input type="checkbox"/> Not-for-Profit Entity
<b>How many travel and tourism educators (employees) are there in your organization? _____</b>			

\*Active - Individual who is employed in the capacity of teacher, administrator, or researcher.

Associate - Individual who has an interest in enhancing the quality of travel and tourism education.

Institutional- Any organization with up to three members. All must renew together.

Emeritus - Person who is retired and has been a member of the Society for at least 3 years.

Graduate- Full-time student for a maximum of 4 consecutive years. Must not be a fulltime educator.

**Name on Card:** \_\_\_\_\_ **(Please Print)Amount:** \_\_\_\_\_

**Credit card number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

\*\* Membership year is January 1 - December 31, 2011. Please note your name on any corporate, company, or school check. Make check payable to: ISTTE in USD. Visa and Master Card preferred. All major credit cards accepted.

**Thank you for your application!** If you have any questions or need more information, please contact Joann Bruss, Executive Director, ISTTE, 23220 Edgewater, St. Clair Shores, MI 48082. Phone: 1-586-294-0208, email: [joannb@istte.org](mailto:joannb@istte.org) The website address of ISTTE is <http://www.istte.org>