



SGTP Membership Application

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Toll Free: _____ E-Mail: _____

Internet Address: _____

Please check appropriate member category:

Travel Agency Regular - \$475 New Member Year/\$375 Renewing Years

ARC#: _____

Travel Agency Small Business - \$195 New Member Year/\$175 Renewing Years (Company must meet applicable Small Business Administration size standards)

ARC#: _____

Government—\$195 New Member Year/\$175 Renewing Years (Any Country, Federal, State, or Municipal)

Supplier Regular—\$475 New Member Year/\$375 Renewing Years (Any airline, hotel, rental car company, technology, consultant & government contractors)

Services Provided to Government Travel: _____

Supplier Supporting—\$195 New Member Year/\$175 Renewing Years (Applies to the individual location, franchise, where parent where parent company is a Supplier Regular member or any entity that meets the applicable Small Business Administration size standards).

Parent Company: _____

Method of Payment:

Payment with Check

Mail this form with your check for \$ _____ payable to SGTP:

4938 Hampden Lane # 332 ★ Bethesda, MD 20814

Payment with Credit/Charge Card of \$ _____

Complete the information below, then FAX this form to SGTP at 202-379-1775.

(Select One)

Card#: _____ Exp. Date: _____

Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Credit Card Address: _____

City/State/Zip: _____