



Membership Application Form

Company Name(s): _____

Operating Name: _____
(As listed in membership directory)

Owner name: _____

Contact Name: _____

Job Title: _____

Business Address: _____

City: _____ Territory/Province: _____

Postal Code: _____

Phone: _____ Ext: _____

Email: _____

Website: _____

Do you have a current membership in a related tourism association?

- WTAY YCB YOA
 KVA YHMA YFNCT
 Direct TIA member

Please send completed form and payment to TIA Yukon
#3-1109 Front Street, Whitehorse, YT, Y1A 5G4
Phone: (867) 668-3331 Fax: (867) 667-7379 email: info@tiayukon.com



Primary Tourism Sector(s)
(Select up to 3 and order them by relevance to your business)

- Accommodations
- Arts, Sports and Events
- Food and Beverage
- Tours and Attractions
- Transportation
- Travel Services

Are you:

- Open Year Round
- Seasonal

If seasonal, what are your months of operation: _____

Number of full time employees: _____

Describe your primary business activity:

TIA Yukon’s Communication sent by e-mail you would like to receive:

- Industry Update (bi-weekly)
- Surveys
- Fair Exchange Rate (weekly)

Rates:

Direct Membership	\$150 + \$7.50 GST = \$157.50
Affiliated Membership	\$75 + \$3.75 GST = \$78.75
D.O Membership	\$300 + \$15 GST = \$315

Payment Method:

Cash: \$ _____ Cheque: \$ _____

Visa MasterCard Amount: \$ _____

Card Number: _____

Expiry date: _____ VIN(3digit code on back): _____

Signature: _____ Date: _____

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