



FASET ALLIED MEMBERSHIP APPLICATION

Allied Membership is available to destinations, receptive operators and suppliers of products, goods and services to the student and youth market

APPLICANT INFORMATION

Legal Company Name:

Preferred Company Name as listed in FASET Membership:

Trade or DBA Company Name:

Phone:

Fax:

Current address:

City:

State:

ZIP Code:

Website:

Facebook:

Twitter:

COMPANY CONTACTS

Primary Contact:

Title:

Phone:

Email:

Directory Contact:

Title:

Email:

Phone:

Additional Contact:

Title:

Email:

COMPANY DESCRIPTION

MEMBERSHIP REQUIREMENTS

- You must submit a copy of certificate of incorporation/other document establishing legal name
- You must submit the name and contact information of (1) business reference.
Reference Name: _____
Phone: _____
- Your company has an established mailing address.

WHO CAN WE THANK FOR REFERRING YOU

Name:

Company:

Phone:

Email:

FASET ALLIED MEMBERSHIP APPLICATION

ALLIED ORGANIZATION TYPE

Advertising Agency	Government Agency	Receptive Operator
Art Galleries	Historic Sights & Neighborhood	Recreation
Association	Hotel	Restaurant
Attractions-Educational	Hotel Chain/Management Group	Retail
Attractions-Fun	Hotel/Meeting Facility	Salon/Spa
Camp	Insurance	Security Guards
Caterers	Limo/Car Rentals	Special Events
Communications	Local Sightseeing	State Agency
Consulting	Lodging-Hostel	Technology
Cooperation	Lodging-Hotel	Theater-Broadway
Council	Lodging-Other	Theater-Dinner
Cruise-Dining	Manufacturer-Supplier	Theater-Off Broadway
Cruise-Overnight	Media	Theater-Regional
Cruise-Sightseeing	Meeting Facilities	Theater-Ticket Broker
CVB-Government Designated	Motorcoach Operator	Theme/Water/Amusement Park
CVB-Private	Museum	Tour Operator
Destination Management Serv.	Not-For-Profit	Transportation
Distributor	Other	Venue-Amphitheater
Educational Facility	Performing Arts Organization	Venue-Arena
Entertainment	Printer	Venue-Stadium
Entertainment Agencies	Pro Sports	Venue-Theater
Festival	Professional Society	Wholesaler
Foundation	Railroads	Wholesaler-Distributor

REFERENCES

Name:	Address:	Phone:
Company:		Email:

ALLIED MEMBERSHIP DUES: \$750.00

**Please contact FASET President, Karin Hoffman,
if you have any questions: (954) 729-9244**

Fill out application form and send to:

FASET
Attention: Monika Acuna
4613 North University Drive #225
Coral Springs FL 33067

Or scan application and send to:
monika@flstudenttoursassociation.org

SUPPORTING FASET

Would you be interested in running for the FASET Board of Directors?	
Would you be interested in advocating in the state capital, Tallahassee, to promote FASET's Legislative Agenda?	
Would you be interested in supporting FASET in various capacities throughout the year, such as sponsorship of luncheons, or attendance at conferences?	

FASET ALLIED MEMBERSHIP APPLICATION

SIGNATURE

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Applicant Signature:

Date:

Name:

Phone:



**MAXIMIZING THE EDUCATIONAL
EXPERIENCE FOR FLORIDA'S STUDENTS**