Arizona Guides Association Associate Application 2024-2025

Please review the information below. Make changes as needed. Information will be printed in the directory EXACTLY as submitted. To be listed, the application must be received by **August 15, 2024.**

Company Name:	
Contact:	
Mailing Address:	
City: State:	Zip:
Office Phone:	Contact Cell:
Email:	
Website:	
INVOICE # ASSOCIATE MEMBER, July 1, 2024 thru June Vendor, supplier, destination management No Voting Privileges	
Payment Method: Check # Online - Zelle	e: (azguides@yahoo.com) TOTAL: n to above address or email to <u>azguides@yahoo.com</u> .
 multilingual guides and specialty guides. T June 1 to May 31, via newsletters and ema An invitation to the September "Meet & Gr information and meet with the guides "one Receive (via email) <u>The Arizona Coach Tall</u> 	reet" event, where you and your staff can display your company's e on one". <u>ker.</u> The AGA's newsletter is filled with membership updates, facts idustry. Sent out several times during the year.
I authorize the AGA, to publish the above informat	ion in the AGA directory.
Signature:	Date:
Please mail your completed application along with below:	a check made out to the Arizona Guides Association to the address
Ariz	ona Guides Association

Arizona Guides Association ATTN: Membership P.O. Box 45302, Phoenix, AZ 85064-5302

Thank you for showing your support to the Arizona Guides Associate and the guiding professionals, who are dedicated to maintaining the highest level of professionalism, integrity and knowledge within its membership and industry.