

# OUTSIDE SALES



The National Association for  
Outside Sales Travel Agents  
and Independent Contractors

Creating a VOICE in the Travel Industry  
for the Outside Sales Agent, Independent  
Contractor and Home Based Agency

## SUPPORT NETWORK

The Premier Association for Outside Agents, Independent Contractors and Home Based Agencies

**HOME BASED AGENT**  
Special Member Rates for  
**INTREPID TRAVELER**

**Save \$30**

Individual	\$125
Couple	\$160
Agency	\$175

Name of Applicant or Agency \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone with Area Code \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

CLIA, IATAN or TRUE Number If Available \_\_\_\_\_

### Membership Agreement and Statement of Liability

Membership is valid from one year from date of application. Member fees are non-refundable. Members receive the Outside Sales Support Network's Member Handbook upon receipt of initial application. Credit Card holders are given instant access into the OSSN "Members Only" website. This instant access constitutes delivery of proprietary information and fulfills services rendered. You will receive your membership package in approximately 14 days. Couple rate includes one manual. All members agree to receive OSSN communication via E-Mail, Fax and U.S. Mail. Members must E-mail to info@ossn.com if these formats of communication are not acceptable. OSSN reserves the right to refuse or cancel any membership for reasons that OSSN deems inappropriate business conduct.

Travel Support Systems, Inc. dba Outside Sales Support Network neither guarantees nor insures the services provided by any officer, employee or member and shall assume no responsibility to liability for actions beyond its own control in connection with services provided. O.S.S.N. is not responsible for any act, error, omission, injury, loss, accident, non-performance, or any other irregularity, or any consequences resulting therefrom, which may be occasional through, neglect, default, or any other action of association/company, carrier or person engaged in the service of O.S.S.N.

Signature \_\_\_\_\_

Date \_\_\_\_\_

My Check is enclosed in the amount of \$ \_\_\_\_\_

Please Charge my American Express, Visa or Master Card

Credit Card Number \_\_\_\_\_

Exp. \_\_\_\_\_

Name  
(as it appears on card) \_\_\_\_\_

Amount to be charged \_\_\_\_\_

Authorization Signature \_\_\_\_\_



FAX or MAIL this form to:

### OUTSIDE SALES SUPPORT NETWORK

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5000 page website!