

Membership Application

Send completed form to:

Global Elite Travel
18653 Ventura Blvd., #435
Los Angeles, CA 91356



Applicants should be 18 years of age before they apply. If you have any questions please email us at: Info@GlobalEliteTravel.org.

PLEASE ATTACH
RECENT PHOTO
OF TRAVELER

Please use name as it appears on the passport. No nicknames please!

Applicants Name First _____ Middle _____ Last _____

Street _____ City _____ State _____ Zip _____

Email _____

Phone Number _____ Mobile _____ Date of Birth _____/_____/_____
MONTH DAY YEAR

Height _____ Weight _____ Eye Color _____ Hair Color _____ Is applicant conserved? () YES () NO

Current state issued photo ID () YES () NO Current passport? () YES () NO

Passport Number _____ Date of issue _____ Expiration date _____

Country that issued the passport _____

All airlines require current state issued photo ID or a current passport for boarding any aircraft. A current passport is required for all international travel. For passport information and application forms go to the U.S. State Departments WEB Site at www.travel.state.gov. There is information on where to get a passport and you can download the forms that you need.

PERSON TO CONTACT ON FIRST AND LAST DAY OF TRAVEL FOR PICK UP/ DROP OFF COORDINATION

Name _____ Relationship _____
Street _____ City _____ State _____ Zip _____
Phone Number _____ Mobile _____ Email _____

PERSON WHO GETS THE TRAVELER'S ITINERARY, FLIGHT INFORMATION, PACKING LISTS

If it is the same as above just put SAA

Name _____ Relationship _____
Street _____ City _____ State _____ Zip _____
Phone Number _____ Mobile _____ Email _____

IF CONSERVED NAME OF CONSERVATOR

Name _____ Relationship _____
Street _____ City _____ State _____ Zip _____
Phone Number _____ Mobile _____ Email _____

REGIONAL CENTER SERVICE COORDINATOR

Name _____ Regional Center _____
Street _____ City _____ State _____ Zip _____ Phone
Number _____ Email _____

Applicants Name _____

LIVING SITUATION () Group Home () Residential Facility () With Family () Lives Independently

NAME OF QMRP IF LIVING IN GROUP HOME _____

Email _____ Agency _____

COGNITIVE/MENTAL STATUS () Mild () Moderate () Severe
() Schizophrenia () Cerebral Palsy () Mental Illness () Autism Other _____

MEDICAL CONDITIONS

Medical Insurance () YES () NO () MEDI-CAL () MEDICARE () PRIVATE # _____

Food Allergies () None () Yes Please List _____

Seizures () None () Controlled () Uncontrolled Date of last seizure ____/____/____

Diabetes () Insulin Controlled () Med Controlled () Diet Controlled

Dietary Limitations/Restrictions () None () Yes Describe _____

Vision () OK If other describe _____

Hearing () OK If other describe _____

Communication () OK If not please describe _____

Sign Language () Yes () No

Mobility () OK () Uses Manual Wheelchair () Uses Electric Wheelchair () Walker () Cane

() Needs Wheelchair only for distance () Needs Lift Van

SOCIAL BEHAVIOR

() Appropriate If not please describe _____

Does applicant have a history of aggressive or destructive behavior () Yes () No

If yes please describe _____

SLEEPING HABITS () Sleeps soundly If other please describe _____ ()

Applicant may room with another club member

() Applicant must room with tour staff because _____

Self Care	Totally Independent	Verbal Prompt	Physical Help	Describe Support Needed
Dressing				
Bathing				
Toileting				
Shaving				
Medication				
Eating				

Can applicant ride independently on the Metro Bus system () Yes () No

Does the applicant have a Metro reduced fare TAP Pass () Yes () No

Does the applicant have a ACCESS TAP Pass () Yes () No

SWIMMING () Swims well () Shallow end only () Must wear float Hot Tub () Yes () No

STREET SAFETY () Will stay with group () May wander

MONEY SKILLS () Staff should hold traveler's money () Traveler can handle their own money PHONE SKILLS

Able to use the phone? () Yes () No

Does applicant consume alcoholic beverages? () Yes () No

Does traveler smoke? () Yes () No

Could applicant fly

alone and have an escort meet them at airport () Yes () No

Please describe any hobbies, interests and types of vacations that the applicant would like to participate in.

Name of person completing this application

Signature

Date



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PUBLICITY RELEASE FORM

I, _____
Applicants Name (**Please Print**)

hereby give permission to **Global Elite Travel** to use my image (video, video capture or still photo) for club publicity material such as:

- Video Brochure
- Website
- You Tube
- Flyers
- T-Shirts
- Photographs
- Facebook
- Any Social Media

Applicants Signature

Date

Witness

Date

OR

Conservator's Signature

Date

Conservator's Name (please print)

Relationship to member