

APPLICATION FORM**Company /organization/institution/ individual applicant details**

Full name of applicant:

Address:

City: Pin: Country:

Registration no. / License no.:

Telephone: (+Country code) +.....

E-mail:

Web-site: http://www.....

Short profile:

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Activities:.....

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Member category applied:

- ☐ Allied Partnership
- ☐ Full Member
- ☐ Associate Member
- ☐ Individual membership
- ☐ New membership

Company activity (tick please):

- ☐ Regulatory bodies
- ☐ Airlines
- ☐ Cruise Lines
- ☐ Tour Operators
- ☐ Travel agents
- ☐ Travel or Tourism advisors
- ☐ Insurance Providers
- ☐ Advertising and Public Relations
- ☐ Insurance - Medical Assistance
- ☐ Legal Services
- ☐ Airport Authority
- ☐ Marketing - Travel and tourism related Services
- ☐ Attractions/Museums/Restaurants
- ☐ Media
- ☐ Car Rental
- ☐ Technology - Reservations Systems
- ☐ Cruise Line/Cruise Operator
- ☐ Tourist Board
- ☐ Ground Operators
- ☐ Trade Association
- ☐ Financial Services
- ☐ Trade Show
- ☐ Hotels and Resorts
- ☐ Visa and Passport Services
- ☐ Others (please, specify)
- ☐ _____
- ☐ _____
- ☐ _____

Personal Details:

Contact name:

Designation:

Mobile:

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Signature & Stump