

APPLICATION FOR IATG CORPORATE MEMBERSHIP



IATG Membership No. Office Use Only
CM:

Company Name;			
Contact Name:			
Title:			
Position with Company:			
Place of Business Address:			
Postal Address:			
Telephone:			
Mobile:			
Email:			
Website:			
Type of Business:	<input type="checkbox"/> Attraction <input type="checkbox"/> Airline <input type="checkbox"/> Coach Operator <input type="checkbox"/> Cruise Line	<input type="checkbox"/> Guide Agency <input type="checkbox"/> Inbound Tour Operator <input type="checkbox"/> Hotel <input type="checkbox"/> Meetings/Incentive/ <input type="checkbox"/> Conference/Event Organiser	<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Retail Travel Agency <input type="checkbox"/> Tour Operator <input type="checkbox"/> Other - please indicate:
Established (indicate number of years)			
Does your Company have a brochure or company profile? (if yes, please supply a copy in digital or hard copy format)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant's signature _____

Date _____

If sending your application by post or fax, please date and sign your name. Or to submit your application electronically, click on "Send" (next page), which acknowledges that you accept the terms and conditions as stated by IATG and that this acts as your approval to submit your information.

