

APPLICATION FOR FRIENDS OF IATG MEMBERSHIP



IATG Membership No. Office Use Only
FM:

Company Name:			
Contact Name:			
Title:			
Position with Company:			
Place of Business Address:			
Postal Address:			
Telephone:			
Mobile:			
Email:			
Website:			
Type of Business:	<input type="checkbox"/> Associations <input type="checkbox"/> Concierge	<input type="checkbox"/> Government Funded Organisations, Authorities and Educational Institutions <input type="checkbox"/> Historic Site	<input type="checkbox"/> Hotels <input type="checkbox"/> Museum <input type="checkbox"/> Other - please indicate:
Established (indicate number of years)			
Does your Company have a brochure or company profile? (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.

