

IATM

INTERNATIONAL ASSOCIATION
OF TOUR MANAGERS LTD

APPLICATION FOR ACTIVE MEMBERSHIP

Fields marked with an asterisk * must be completed before your application is submitted

Mr/Mrs/Ms _____ First Names * _____ Family Name * _____

Permanent Address * _____

Telephone * _____ Fax _____

Mobile _____ E-mail * _____

Date of Birth * _____ Mother Tongue _____

Nationality * _____ Primary Occupation * _____

Total number of years as a Tour Manager * _____

Name of Company * _____ Years (from/to) * _____ No. of Tours * _____

1 _____

2 _____

3 _____

Current Tour Operator & Contact Name * _____

Tour Operator's address * _____

_____ e-mail: * _____

Each Active member of IATM may have space in the annual IATM handbook for a personal description, e.g. guiding qualifications, languages spoken, special interests, etc (maximum 75 characters and spaces).

Description: _____

Proposer (if any) _____ Membership No. _____ Date * _____

Reason for joining IATM _____

*** Please complete this form and send as an e-mail attachment together with a digital photograph to iatm@iatm.co.uk ***

OFFICE USE ONLY

Regional Chairman Approval _____ Date _____

Recommended for Gold Badge _____ Silver Badge _____