

Membership Application Form

Applicant information

Name of Association/Organisation: _____

Description of Activities:

Type of Association: International / Regional / National / Local / Other

Number of Members: _____ Year of Incorporation / Establishment: _____

Name of Chief Executive: _____

Address: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____ WWW Address: _____

Membership dues 2005 Annual dues: 100 U.S. dollars

Check for full payment, made payable to The Travel Partnership Corporation in U.S. dollars and drawn from a U.S. bank, is enclosed: *Chk#* _____

Call T: (+1) 212 /481-0773 if paying by wire transfer.

Please charge my Membership dues to:

American Express Mastercard VISA Diners Club Discover (please circle)

Card Number: _____ Expiry Date: _____

Name as it appears on card: _____

Signature: _____ Position: _____

I affirm that _____ is eligible for TTPC membership under the TTPC Bylaws and will comply with the TTPC Articles of Association and Bylaws. We will not use the TTPC logo or trademark until our application is approved in writing, and, upon approval, will do so only in accordance with the guidelines and instructions issued by TTPC from time to time.

Signature: _____ Position: _____

Mail with check payment to: 220 Fifth Avenue, 20th Floor, New York, NY 10001-7708
Fax or e-mail with credit card payment to: (+1) 212 / 481-2859 / email: secretariat@ttpc.org
For information: T: (+1) 212 / 481-0773, www.ttpc.org