IATM

INTERNATIONAL ASSOCIATION
OF TOUR MANAGERS LTD

Membership Number

APPLICATION FOR ACTIVE MEMBERSHIP

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

Permanent Address _____

_____

Telephone _____ **Fax** _____

Mobile _____ **E-mail** _____

Date of Birth _____ **Mother Tongue** _____

Nationality _____ **Primary Occupation** _____

EXPERIENCE AS A TOUR MANAGER **Total Years** _____

Name of Company	Years	No. of Tours	No. of Weeks
_____	19 - 19	_____	_____
_____	20 - 20	_____	_____
_____	20 - 20	_____	_____

Current Employer & Contact Name _____

Address _____

_____ **e-mail** _____

Please refer to abbreviation sheet for this section

Languages spoken ***Fluently*** _____

Adequately _____

Countries known _____

Relevant special knowledge or interests _____

Applicant's signature _____ **Date** _____

Proposer (Gold Badge Member) _____ **Membership No.** _____ **Date** _____

Reason for joining IATM? _____

_____

*** PLEASE ENCLOSE 2 PASSPORT-SIZE PHOTOGRAPHS - SIGNED ON THE BACK ***

Regional approval _____ **Gold** _____ **Silver** _____ **Date** _____

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