



TRAVEL CONTACTS

Application for Membership – Year: _____

Please complete below as you wish your entry to appear

Member for (town/city/country) _____

Company _____

Address _____

Tel _____ Fax _____

Mobile: _____

email _____ http:// _____

Contact _____

Established _____ No of employees _____

Languages _____

Associations _____

Activities _____

Please provide details of local marketing offices on a separate sheet

CONFIDENTIAL INFORMATION

The following information is for internal use only and will not be divulged to any third parties. We will take up client and bank references only after you have accepted our offer of membership.

BANKER'S REFERENCE

Name _____

Address _____

Bank Sort Code _____

Account Name _____ Account No _____

CLIENT REFERENCE

Contact name _____

Company _____

Address _____

Tel _____ Fax _____

Email _____

CLIENT REFERENCE

Contact name _____

Company _____

Address _____

Tel _____ Fax _____

Email _____

Please attach a copy of your third party liability insurance (where available).

We hereby apply for membership of Travel Contacts for the above town/city/country and agree to pay the annual subscription agreed with Travel Contacts each year upon receipt of their invoice. We understand that membership is provisional during the first year and is renewed automatically on an annual basis. To cancel membership written notice is required before 31 August in the previous year.

PLEASE CONTACT US NOW FOR THE MEMBERSHIP FEE RELEVANT TO YOUR DESTINATION/AREA

Signed _____ Date _____

Tel +356 21411046, Fax +356 21417047

e mail: enquiries@travelcontacts.com

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www.travelcontacts.com