

Membership Number

APPLICATION FOR ACTIVE MEMBERSHIP

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 No. of Weeks
Current Tour Operator & Contact Name	
Tour Operator's address	
	e-mail:
Please refer to abbreviation sheet below for this section	n
Languages spoken Fluently	Adequately
Countries known	
Relevant special knowledge or interests	
Proposer (if any)	Membership No Date
Reason for joining IATM	
* Please send a digital photog	graph to <u>iatm@iatm.co.uk</u> with this application *
OFFICE USE ONLY	
Regional Chairman Approval	Date
Recommended for Gold Badge Silver	Badge



