

**APPLICATION FOR AFFILIATION
TO IATM, _____ REGION**

Name: _____

Address: _____

Tel: _____ Fax: _____ Mobile: _____

Date of Birth: _____ Nationality: _____

Mother Tongue: _____ Other Languages: _____

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This part to be completed if you have worked one season

I have worked for a minimum of 60 days from:

Date: _____ to Date: _____ For: _____

Date: _____ to Date: _____ For: _____

Recommended by: _____

Signature IATM Member: _____ Mem. No. _____

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**This part to be completed if you have successfully completed a nationally recognised
Tour Management Training Course.**

Training course completed: _____

Grades achieved: _____

Certificate gained (YES or NO) _____

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I enclose two passport size photographs

Signed: _____

Date: _____

Please contact the IATM Region you wish to Affiliate to and find out what the membership subscription is for the year before forwarding the form and payment. If in doubt contact IATM at iatm@iatm.co.uk
Telephone/fax 020 8942 4338