

# IATM

INTERNATIONAL ASSOCIATION  
OF TOUR MANAGERS LTD

## APPLICATION FOR ACTIVE MEMBERSHIP

Mr/Mrs/Ms

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Occupation: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mother tongue: \_\_\_\_\_

Education as Tour Manager: \_\_\_\_\_

Total number of years working as a Tour Manager \_\_\_\_\_

Name of Company/Companies:	Years (from/to)	Tours/Weeks
----------------------------	-----------------	-------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Current Tour Operator/Contact Name: \_\_\_\_\_

Tour Operator's Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Languages spoken Fluently: \_\_\_\_\_

Adequately: \_\_\_\_\_

Countries known: \_\_\_\_\_

Relevant special knowledge or interests:

Proposer (if any): \_\_\_\_\_ Membership No. \_\_\_\_\_

Reason for joining IATM: \_\_\_\_\_

Date \_\_\_\_\_ Signature \* \_\_\_\_\_

**Please send a recent digital photograph together with this application form to:**

[iatm.members@gmail.com](mailto:iatm.members@gmail.com)

-----  
OFFICE USE ONLY

Regional Chairman Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended for Gold Badge: \_\_\_\_\_ Silver Badge: \_\_\_\_\_

Received: \_\_\_\_\_ Membership number: \_\_\_\_\_