

## **MEMBERSHIP APPLICATION FORM**

Business Name:				
Contact Name:	Position:			
Tel no:	Fax no:			
Cell no:	ell no:E-mail:			
Physical address:				
Postal address:				
Web site address:	e address:Affiliations:			
Since:	Number of full time employees:			
OTHER TOURISM PRODUCT OWNERS				
Shuttle Service	Taxi Service	Tour Guide – International	Events / Conference	
Airline	Charter Airline	Tour Operator – International	Car Rental Agency	
Tour Operator – Provincial	Restaurant	Bar / Pub	Information Office	
Tour Guide Provincial	Attractions	Health & Wellness	Tour Operator – National	
Cafe / Coffee Shop / Tea Garden	Cultural Actiities	Media & Marketing	Tour Guide – National	
Travel Agent	Transfer Service	Tour Operator – Local areas only	Other (Specify)	
Adventure Activities	Tourism Training	Curios / Crafts		
Name:Date:Signature:				

Please return the completed form to: P O Box 550, Barberton, 1300 or Fax to (013) 712 8931 or deliver to Info Centre.