

# Membership Application Form

Company name:

Website:

Primary contact:

Email:

Job title:

Direct phone number:

Secondary contact:

Email:

Job title:

Direct phone number:

Office address:

City:

Post code:

Country:

VAT number:

Purchase Order number:

Invoice details (if different) - Company name:

Address:

City:

Post code:

Country:

Tel:

Mobile:

Company Description (max. 500 characters excluding spaces)

Choose the category of membership you wish to apply for

Where did you hear about ETOA?

Referred by:

Please provide two trade references:

*Trade reference 1 (Company, Name, Email Address)**Trade reference 2 (Company, Name, Email Address)*

Please send a copy of your company logo that will be used on communications (min 20 kB)

To:

The Board of the European Tour Operators Association  
4th Floor, Grays Inn House, 127 Clerkenwell Road, London EC1R 5DB

I/We

Of

Wish to become a Supplier member of ETOA Limited ('the Company') subject to the provisions of the Articles of Association.

We agree to pay the annual membership subscription (plus any VAT due on this) within 14 days of the invoice date and to pay any membership fee levied in accordance with the Company's Rules.

We understand that we are not buying a service, but joining an association. This carries with it obligations: one of them is that our membership is a continuing annual commitment. We agree to give ETOA three months written notice if we wish to terminate this relationship. In practice this will mean by the end of September of the year prior to resignation.



Signed:

Print Name:

For and behalf of

Position:

Date: