**ACTIVE Membership Application 2019**

Title:

 First Names:

Family Name:

Permanent Address:

Street name and number:

City:

Postal Code:

Province

Country :

Phone:

Fax:

E-mail:

Mother Tongue:

Nationality:

Date of Birth:

Experience as a tour manager

1. Name of Company:

Years from – to

Number of Tours

 2. Name of Company:

Years from –

Number of Tours

Current tour operator's details

Operator:

Contact name:

Tour Operator street name and number:

City

Province

Postal / Zip Code

Country:

Operator E-mail:

Reason for joining IATM?: