



MEMBERSHIP APPLICATION FORM FOR NRTA

(If sent by post, should be addressed to The Secretary)

IDENTITY	NAME	ID / Pport No.	PIN No.
Individual			
Business/ Institution			

CONTACTS	Personal / Director / Snr Manager	Business
P.O. Box		
Physical location		
Phone(s)		
E-mail		
Website		

INFORMATION

1	State briefly the nature of your business / occupation as it relates to the tourism sector	
2	To which of the following do you consider yourself able to contribute ?	
	(a) The NRTA GuideBook	<input type="checkbox"/>
	(b) The NRTA website	<input type="checkbox"/>
	(c) The NRTA seminars / workshops	<input type="checkbox"/>
	(d) Other (<i>specify</i>) _____	
3	(<i>If a Company / Organisation / Institution</i>) At what level could NRTA expect you to be represented at annual and special general meetings ?	
	Director	<input type="checkbox"/>
	Senior Manager	<input type="checkbox"/>
	Junior Manager	<input type="checkbox"/>
	Other	<input type="checkbox"/>
4	If you are known to a current member of NRTA, please give the name of that member.	

DECLARATION

<p>By my appended signature I hereby declare that: I understand that my provisional membership of NRTA, if granted by the Committee, will be subject to confirmation by the Association's Annual General Meeting, that I have read, understood and agree to abide by the rules and regulations of NRTA as detailed in its constitution, and that I will pay the annual membership fee, as fixed from time to time, by due date.</p>
<div style="display: flex; justify-content: space-between;"> (Name) _____ (Signature) _____ (Date) _____ </div>

FOR OFFICE USE	Signatory	Date	App/Disapp
Receipt of Application	Committee member		
Provisional Membership	Committee Chairman		<input type="checkbox"/>
Full Membership	AGM Chairman		<input type="checkbox"/>
Membership Number.		Issued _____	