



UFTAA MEMBERSHIP APPLICATION

CATEGORY : ASSOCIATES

(ORGANISATIONS CONNECTED WITH TRAVEL / TOURISM PRODUCTS AND RELATED SERVICES, TOURISM BOARDS, GLOBAL DISTRIBUTION SYSTEMS ETC)

Full name of Organisation :

Year of Establishment :

Country where the main office is Located :

Is your Organisation related to Travel & Tourism Activity : Yes / No

Main Area(s) of your Activity (Tick as many from the below categories)

- Tourism Boards (Domestic or International)
- Destination Management Companies
- Cruise-liners
- Airlines / Air Charter Companies
- Hotel Chains
- Railways
- Health Centers
- Theme Parks / Tourism Centers
- Wellness centres
- Financial institutions
- Associations promoting MICE; Transport; Freight;
- Insurance Companies
- Manpower training / Educational Institutions
- Other : _____

Organisation Address :

Pin Code

State

Country

Phones: Code

Number(s) :

Fax

E-mail :

Website

Name Association(s) - Regional/Global – of which your Organisation is a member

Is your Organisation operating Authorized Training Centers (Affiliated / Accredited with IATA or others) : Yes / No

Administrative / Officer Details

Name of President / Chairman / Head (please underline family name) :

Designation :

Mobile

Email :

Skype

Other (Specify)

Please submit this if done online, or scan and send by email to support@uftaa.org & uftaamembership@gmail.com

Other Officers (Secretary General / CEO / Vice President / Authorized representatives for UFTAA)

Main Contact Person for all Communications: Name :

Designation : Mobile

Email : Skype Other (Specify)

Second Contact Person for all Communications: Name

Designation : Mobile

Email : Skype Other (Specify)

Any other information about your Organisation you may desire to add :