

## **UFTAA MEMBERSHIP APPLICATION**

**CATEGORY: AFFILIATES** 

(Individual Agencies / Related Companies/ Service Providers)

Full name of Applicant Agency/Company:						
Year of Establishment :	Country where the m	ain office is	Located:			
Is your Agency/Company involved with Travel & Tourism Activity : Yes / No						
Main Area(s) of your Activity (Tick as many from the below categories)						
☐ TravelAgency						
☐ Tour Operator (Inbound & Outbound)						
☐ Hotel / Resort						
☐ Hospitality provider (Non Chain)/ promoter / selling agencie / .com company						
☐ Tours / Sight-seeing operators						
☐ Tourism Agencies / DMC						
☐ Specialized Tourism Agency for sports; medical; wellness; adventure; wild-life/safaris etc.fi						
☐ Cruise sales promoters						
☐ MICE / Meetings / Congresses / Exhibition / Event organizers						
☐ Transport/coach/Car/Cabs/Limo company						
☐ Technology providers — Web Designing & Management / Portal providers / Back-end support to agencies/companies						
☐ Allied service providers including ".com or online company"						
☐ Education providers — Authorized Training Center in Travel & Tourism Training / Training institutes supporting skills development or related fields						
☐ University/College offering Travel; Tourism or Hospitality Management						
☐ Professionals Training Centers for Aviation Staff – Inflight attendants – Travel & Tourism etc.						
☐ Global Placements Company						
☐ Visa Services providers						
☐ Foreign Exchange / Credit or Debit Card providers						
☐ Communication company – Global Calling Cards or Sim Card providers						
☐ Meet & Assist Agency at Airports / Cities						
Agency/Company's Address :						
Pin Code S	State		Country			
Phones: Code Number(s):			Fax			
E-mail:			Website			
Name Association(s) of which your Agency/Company is a member						
riante Association(s) of which your Agency/Company is a member						

National:						
Regional / Global :						
Administrative / Officer Details						
Name of Owner / Managing Director / Chairman / Head: (please underline family name):						
Designation:						
Email:	Skype		Other (Specify)			
Second Officers / Director of the Agency / Company						
Name						
Designation:		Mobile				
Email:	Skype		Other (Specify)			
Name of the key Contact Persons for all communications to be addressed to (One of the two names given above)						
Any other information about your Agency / Company you may desire to add :						