

ITAA Membership Application Form

SECTION 1: AGENCY DETAILS

Registered Company Name/Name of Owner of Business if Sole Trader

Trading Name(s)

Name of Managing Director / Managers

Principal Place of Business (Full Address)

Telephone

Fax

Email

Website

No. of full time qualified staff (It is a condition of membership that you have at least 2)

SECTION 2: LEGAL AND REGULATORY

Government Licence No.

Licence Expiry Date

Registered Office

Date of Certificate

Country of Incorporation

Certificate Number

Name, address and nationality of all directors / partners / proprietors

Date and country of establishment

In the case of Incorporated bodies specify:

(Use separate sheet if necessary)

(A) Amount of authorised share capital

(B) amount of fully paid-up share capital

If any share capital is not fully paid up, give details

Full name, residential address and nationality of each shareholder and full details of shares held by each

SECTION 3: BRANCH OFFICES – *Please fill in details of any branches*

1. Name of Branch Office _____
Address _____

Phone _____ Fax _____
Email _____

2. Name of Branch Office _____
Address _____

Phone _____ Fax _____
Email _____

3. Name of Branch Office _____
Address _____

Phone _____ Fax _____
Email _____

4. Name of Branch Office _____
Address _____

Phone _____ Fax _____
Email _____

The information, which you have provided to the ITAA, will be kept on computer for the purposes of administration. The ITAA intends upon request to circulate a list of members and their addresses to third parties such as tour operators or organisations, which publish trade journals, or other matters which are likely to be of interest to members.

Please tick the box if you do NOT consent to the inclusion of your name on such a list

THE FOLLOWING DECLARATION MUST BE SIGNED BY ALL APPLICANTS

(Delete words that do not apply)

I/We apply for membership of the Irish Travel Agents Association in the following class:

Retail

Tour Operator

I/We declare that my/our travel business is commercially viable and believe that it is capable of meeting it's liabilities as they fall due during the period of 12 months from the date hereof.

I/We certify that the premises is insured against all risks including public liability, fire, loss of cash on premises and transit.

I/We have read and understand the Code of Conduct and I/We undertake, if membership is accepted, to comply with and observe the rules of the Association for the time being and as amended from time to time and to pay the annual subscription and any other applicable fees as laid down in the ITAA Bye-laws.

I/We certify that the information given on this form is true and correct to the best of my knowledge and belief and that no material information has been omitted.

I/We understand that the Association may take such steps and make such enquiries, as it considers necessary to verify any or all of the information given on this form.

Authorised Signatory _____

Date _____