

SANDTON TOURISM ASSOCIATION

APPLICATION FORM

COMPANY DETAILS

Company name

Nature of business

Company registration number Years in operation VAT number

Number of employees Conferencing facilities Yes No Number of rooms (if applicable)

CONTACT DETAILS

Principle Representative Name: _____ Designation: _____ E-mail: _____ Cell: _____	Invoice to be addressed to Name: _____ Designation: _____ E-mail: _____ Cell: _____
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E-mail address/es for weekly newsletter

E-mail address/es for Safety & Security Alerts

Physical address _____ _____ _____ Code _____	Postal address _____ _____ _____ Code _____
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Telephone Fax

Website

Membership with any other tourism-related bodies (provide membership numbers if applicable)

References: Name	<input type="text"/>	Name	<input type="text"/>
Contact number	<input type="text"/>	Contact number	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>

TYPE OF MEMBERSHIP

Primary Zone 1 Zone 2 Zone 3

Secondary

Tertiary 1-9 Staff 10+ Staff

Name _____ Signature _____ Date _____