



**TANZANIA ASSOCIATION OF TOUR OPERATORS  
AFFILIATE MEMBERSHIP APPLICATION**

Name of Applicant		
Type of Business	Head Office	Branch Office
Post Office Box		
Street Address		
Town/City		
Telephone Numbers		
Fax Numbers		
Internet URL (if applicable)		
E-Mail Address		
Information on Owners, Directors and top Management	Name	Position
1.		
2.		
3.		

1. Payment for Membership subscription to be paid to Tanzania Association of Tour Operators.

Admitted to Membership this .....day of....., 20.....

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CHIEF EXECUTIVE OFFICER