

ASSOCIATE MEMBERSHIP

MEMBERSHIP SUBSCRIPTION

Associate Members: Open to all organisations within or related to the travel industry.

New members shall pay initial subscription fees in accordance to the following schedule:

Processing Fees: S\$267.50

Entrance Fees: S\$107.00

Annual Subscription Fees: S\$428.00

<i>Those joining during the 1st quarter (Jan - Mar)</i>	<i>S\$428.00 Full year's Subscription</i>
<i>Those joining during the 2nd quarter (Apr - Jun)</i>	<i>S\$321.00</i>
<i>Those joining during the 3rd quarter (Jul - Sep)</i>	<i>S\$214.00</i>
<i>Those joining during the 4th quarter (Oct - Dec)</i>	<i>S\$107.00</i>

Urgent processing within 7 working days: S\$107.00

Prices stated are all inclusive of 7% GST. **Cheque to be made payable to NATAS**

Cheque payable for entrance fees and annual subscription fees should be made payable to NATAS and submitted together with:

1. Membership application form
2. Copy of ACRA certificate
(Copy of Business Registration Certificate for overseas company)
3. Brief write-up of company's activities

APPLICATION FORM

We hereby apply for **ASSOCIATE** Membership with the **NATIONAL ASSOCIATION OF TRAVEL AGENTS SINGAPORE (NATAS)** and agree to abide by its rules and regulations.



ASSOCIATE MEMBERSHIP

COMPANY INFORMATION

Registered Name: _____

Company Name (if different from above): _____

Address: _____

Postal Code: _____

Registration/Gazette No: _____ Country of Reg/Incorporation: _____

Tel: _____ Fax: _____

Email Address: _____ Website Address (if any): _____

The following shall be our accredited representatives in the NATAS membership register.

1ST ACCREDITED REPRESENTATIVE

Name: _____

Designation: _____

Mobile No.: _____

Email: _____

2ND ACCREDITED REPRESENTATIVE

Name: _____

Designation: _____

Mobile No.: _____

Email: _____

TYPE OF BUSINESS (please provide brief write up of company)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Airlines | <input type="checkbox"/> Attractions | <input type="checkbox"/> Hotels | <input type="checkbox"/> National Tourists Office |
| <input type="checkbox"/> IT Service Providers | <input type="checkbox"/> Trade Magazines | <input type="checkbox"/> Transportation | <input type="checkbox"/> Travel Trade Association |
| <input type="checkbox"/> Conventions, Conferences/Exhibition | | <input type="checkbox"/> Insurance Company | |
| <input type="checkbox"/> Others: _____ | | | |

Submitted By:

Name of Person Completing this form: _____

Contact: _____ Email: _____

Signature of 1st Accredited Representative

Company Stamp

FOR OFFICIAL USE ONLY

Received: _____

Payment Details:

Submitted for Approval on: _____

Bank: _____ Cheque No: _____

Approved/Rejected

Receipt No: _____

Remarks: _____

Processed By