ZANZIBAR ASSOCIATION OF TOUR OPERATORS

Membership Applicaction Form

Campany Details (please print clearity in capitals)

Organization Name _____

Postal Adress _____

Physical Adress _____

Company Phone/Fax No _____

Company Website Adress _____

Briefly describe your company's primary business

□ Please tick if you would like to have your company's details puplished on Zato website

Membership Contact Details

Full Name _____ Position_____

E-mail Adress_____

Mobile No_____

Subscriptions

Please note: upon accepted your application, each members of the company shall pay an annual subscription to the funds of Company of such amount as the Genaral Meeting shall time to time determine. Such subscribtion shall be come due and payable on the 1 day of January and shall covers at the period of 12 months 1 January to 31 Decembar.

Declaration

I certify that information supplied in the form is true and correct to the best of my knowledge, I agree that my organization and all staff will abide by ZATO code of Ethics

Signature/Stamp_____ **Date**_____