



Membership Application Form

Company Details

Corporate Name

Trading Name

ABN Number License Number

Principal Shareholders

Partnership

Partners Names.....

Contact Details

First Name Last Name..... Manager/Director.....

Address

City State..... Post Code

Telephone () Fax () Website

Email

Trading Details

CRS Pseudo City..... Virgin Agt Number

IATA/DAPA/TIDS Number Annual Turnover

Consolidator Primary Secondary.....

Travel Insurance Primary Secondary

As and from the commencement date, you authorise ATAC to obtain relevant information including IATA/BSP, airlines, wholesalers, suppliers and other commercial partner arrangements as we may reasonably require to conclude favourable arrangements and agreements for you and our membership.

Signature

Date