

APPLICATION FOR ORDINARY/ASSOCIATE MEMBERSHIP

(Please fill up all fields in the applicable form.)

The Secretary-General
ASEANTA
c/o Ministry of Tourism, Arts & Culture
Door A, Level 6, No. 2, Tower 1,
Jalan P 5/6, Precinct 5,
62200 Wilayah Persekutuan
Putrajaya

Date:

	ajaya	utuari		
Dat	e:			
	hereby apply for (Ti mit the particulars a	ick Box) ORDINARY s follows:-	ASSOCIATE Membershi	p of the Association and
Nar	ne of Association:			
Association Reg. No.:			Incorporated Date:	
Contact Person Name:				
Offi	ce Address:			
Postcode:			State:	
Mailing Address:				
Postcode:			State:	
Office Tel No.:		+	+	+
Office Fax No.:		+	+	+
Ema	ail Address:		,	
Website:				
Pers	sons Representing /	Association on ASEANTA:		
1.	Main		Designation in	
	Representative:		Association:	
	Tel No.:		Email:	
2.	Alternate:		Designation in	
	(If any)		Association:	
	Tel No.:		Email:	

In applying for membership, we expressly acknowledge the jurisdiction of the ASEANTA TOURISM ASSOCIATION as the organization representing the interests of all travel agents and tour associations in ASEAN and we agree to the Objects and abide by the Constitution, Bye-Laws, Code of Ethics of the Association as well as any decisions made by the Association during the tenure of membership of the Association.

We declare our understanding that the entrance fee and current annual subscription must be paid at time of application and that non-payment of annual subscription fees may result in deletion of our membership as provided in the Constitution.

I, the undersigned declare that the information given in this application form is true to the best of my knowledge and shall be subject to the laws of Malaysia for any unlawful declaration.

Association

Signature:

	Starrip.	
Name:		
Designation:		
Date:		
FOR OFFICIAL USE ONLY		
Proposed by:	Seconded by:	
Organization:	Organization:	
Signature:	Signature:	
Accepted by the ASEANTA Board on:	Confirmed by Secretary- General:	