

## MEMBERSHIP APPLICATION FORM

### APPLICANT NAME:

Office Information	Main Office	Branch Office	
Post Office Box:			
Street Address:			
Town/City:			
Telephone Numbers:			
Website:			
E-Mail Address:			
<b>Details of the owners, Directors &amp; Top management</b>			
Name	Nationality	Position	Experience in the Industry (Tourism)
<b>Person(s) authorized to act for and bind for the participants</b>			
Name	Position	Signature	
<b>Permits &amp; License</b>	<b>Registration number</b>	<b>Date of Issue</b>	<b>Class/Type</b>
Company/Business Name Registration			
KCAA License			
Single Business permit			

**Photocopies of all requisite documents together with a banker's Cheque or original copy of bank deposit slip for payment of Kes.150,000 for Affiliate members must be attached to this application.**

## About the Company/Institution

What type of products/services does your company/institution offer?	Please list here:		
How do you market your business? <i>Tick all that apply</i>	<input type="checkbox"/> – Printed Brochures <input type="checkbox"/> – Overseas Sales Office <input type="checkbox"/> – Internet <input type="checkbox"/> – Local Advertising <input type="checkbox"/> – International Advertising <input type="checkbox"/> – Flycatchers <input type="checkbox"/> – Others <i>*Please attach a sample of itinerary and any brochure to this application</i>		
Where does your company/institution operate? <i>Tick all that apply</i>	<input type="checkbox"/> – Kenya <input type="checkbox"/> – East Africa <input type="checkbox"/> – Africa <input type="checkbox"/> – World		
How many employees/members do you have?	Head Office:	Others	
How do you manage transport?  NB: Not applicable to associate, affiliate and corporate members	Own Vehicles:	Lease Vehicles:	Support Vehicles:

I/We hereby certify that the information given above is correct and true to the best of my/our knowledge and that I/We shall support the Association and abide by its Constitution, Ethics and Code of Conduct and *commit ourselves that will be willing to share information with the Association whenever need arise.*

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Name and Sign  
(Director)

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Date and Stamp

## MEMBERSHIP RECOMMENDATION:

*(Each applicant must be recommended by two companies who are full TOSK members in good standing and the Full Names and Signatures should be that of Managers/Directors/Shareholders of the Company).*

We hereby certify that the applicant is known to us and that we recommend the acceptance of this application:

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Director (Name and Sign)

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Date & Stamp

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Director (Name & Sign)

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Date & Stamp