



APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

COMPANY INFORMATION

Company name:	
Address:	
Tel:	
Fax:	
Email:	Website:

BUSINESS ACTIVITIES

<input type="checkbox"/> Air traffic	<input type="checkbox"/> Training, consulting, communication
<input type="checkbox"/> Cruise lines and ferry companies	<input type="checkbox"/> Travel agencies outside Finland
<input type="checkbox"/> Rail and road transportation	<input type="checkbox"/> Foreign tourism office
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Other travel & tourism services
<input type="checkbox"/> Travel organisations in Finland	

A SHORT DESCRIPTION OF THE CORE ACTIVITIES AND BUSINESS RELATIONS TO THE TRAVEL INDUSTRY

NAME OF THE MANAGING DIRECTOR

CONTACT PERSON AND CONTACT DETAILS

SIGNATURE

Place and date	Signature
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