



Travel Agents Association of India

Allied Associate Application

Member Company Data

		Yes	No	From Date
Airline	- Are you an IATA / Ion IATA Airline - Are you a Scheduled Carrier - What is the Turn Over			
Hotel	- Are you a member of FHRAI - Are you recognised by the DOT GOI - Indicate your Star Category - No. of Rooms - Turnover			
Tour Operator	- Are you a Member of IATO - Are you recognised by DOT GOI (Attach Copy) - Are you an inbound operator - Are you an outbound operator - Total turnover			
GSA	- Which Airline/s dou you represent (Attach Appointment Letter) - Please Specify your territory - Annual Turnover			
CRS Company Press & Media	- Name of Your Publication/s - Any other publication not related to travel - What is the Circulation - Periodicity			
Car Rental Company	- Are you a member of any other Association - If yes name : - Are you recognised by DOT GOI - Strength of the - Turnover			
Any other	-			

About your representatives to whom all correspondence will be addressed to

Name of your authorised representative 1 & Designation _____

Give details if previously worked for other Tour operator, GSA, Agency

Give details if previously represented at TAAI forum.

Name of your authorised representative 2 & Designation _____

Give details if previously worked for other Tour operator, GSA, Agency

Approvals and memberships of (Only if current)

	Yes	No	From Date
Dept. of Tourism, Government of India			
IATO			
ASTA			
PATA			
JATA			



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We hereby certify that the information given herewith is true and accurate to the best of our knowledge and belief and that no information that may be relevant to the above questions has been suppressed or withheld. We agree to pay all fees of the Association as established from time to time.

Name of the authorised signatory	
Designation:	
Signature:	
Date:	Seal of the Company

We know the applicant and the information supplied by the applicant is to the best of our knowledge true and correct. We hereby propose the applicant for the membership of the Association.

Name of the Proposer Company: (Must be an active Member) ?	
Name of the Accredited Representative	
Signature of the Accredited Representative	
Date:	Seal of the Company

We know the applicant and the information supplied by the applicant is the best of our knowledge true and correct. We hereby second the applicant for the membership of the Association.

Name of the Seconder Company:	
Name of the Accredited Representative	
Signature of the Accredited Representative	
Date:	Seal of the Company

List of enclosures requested:	Enclosed
Approval from Dept. of Tourism	Yes/No
IATA Approval Letter	Yes/No
Indian Airlines Appointment letter	Yes/No
Memorandum of articles	Yes/No
Shop Act License	Yes/No
Latest Financial Audited Documents	Yes/No

All fees i.e. Rs. 3309/- as Entrance and Rs. 3309/- as Membership Fee should be made by a bank draft drawn on a Mumbai Bank in favour of "Travel Agents Association of India" and must accompany the application.



FOR OFFICE USE ONLY :

Information Circulated to the Region / Chapter members on :

Comments received if any :

Presented to the M. C. on : ____ / ____ / _____

Decision of the Managing Committee

Recommended

Not recommended

Deferred

Referred back to Committee / Chapter Chairman

Meeting held on ____ / ____ / _____ at _____

Payment Details:

Received on ____ / ____ / _____ by DD No. _____ Dated _____

Drawn on _____ Bank and in _____ City.

Membership Code No.:	
Conveyed to the member on	
Membership certificate sent on	
Chairman informed on	
Updated on the tainet on	

Signature of the Executing Officer at TAAI, Mumbai.	
Checked and found in order by the Executive Secretary, TAAI	