



**THE TRAVEL AGENTS' ASSOCIATION
OF NEW ZEALAND**

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APPLICATION FOR ALLIED SUPPLIER MEMBERSHIP

- 1. Name:
 Address: Postcode:
 P O Box No: DX No. Telephone: () Facsimile: ()
 Email Website
 General location in town or city:
 Date of establishment :
 Directors:
- 2. Details of Management & Staff:
- 3. Please list Agencies for which you are officially appointed:

- 4. Describe scope of activities of your organisation/s:

- 5. *We attach a photocopy of our membership certificate of our local related tourist or industry association.
- 6. *Names of two full members of The Travel Agents Association of New Zealand doing business with you.
 Name:
 Address:
 Name:
 Address:
- 7. We attach our cheque for \$100 (plus GST \$12.50) which will be treated as a processing fee. We understand that this payment is not refundable.

Application is hereby made for ALLIED SUPPLIER MEMBERSHIP of the Travel Agents Association of New Zealand Inc. in accordance with the Constitution and Rules, Code of Ethics and Practice and Agreements as set out in the TAANZ Directory and Information Guide, which we have read and agree to abide by.

Authorised Signature:
Date:

* For Overseas Applicants Only