



Zanzibar Association of Tour Operators

Membership Application Form

Company Details (please print clearly in capitals)

Organization Name _____

Postal Address _____

Physical Address _____

Company Phone/Fax № _____

Company Website Address _____

Briefly describe your company's primary business

Please tick if you would like to have your company's details published on Zato website.

Membership Contact Details

Full Name _____ Position _____

E-mail Address _____

Mobile № _____

Subscriptions

Please note: upon accepted your application, each members of the Company shall pay an annual subscription to the funds of Company of such amount as the General Meeting shall from time to time determine.

Such subscription shall be come due and payable on the 1st day of January and shall covers at the period of 12 months 1st January to 31st December.

Declaration

I certify that the information supplied in the form is true and correct to the best of my knowledge, I agree that my organization and all staff will abide by ZATO Code of Ethics.

Signature/Stamp _____

Date _____