



# TIANB MEMBERSHIP APPLICATION

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

E-mail: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Website: \_\_\_\_\_

Preferred Language: French  English

➤ Scenic Drive: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

How did you hear of TIANB? \_\_\_\_\_

If already a member, when did you join TIANB? \_\_\_\_\_

➤ Your company belongs to what industry sector? Check as many as applicable.

- |                            |                          |                          |                                |
|----------------------------|--------------------------|--------------------------|--------------------------------|
| Accommodation              | <input type="checkbox"/> | <input type="checkbox"/> | Food & Beverage                |
| Attraction & Entertainment | <input type="checkbox"/> | <input type="checkbox"/> | Tourism related transportation |
| Travel Service             | <input type="checkbox"/> | <input type="checkbox"/> | Other _____                    |