

MEMBERSHIP FORM
Georgian Tourism Association (GTA)



Name of Company: _____

Name of Director: _____

Name of contact person for GTA: _____

Address: _____

Phone: _____

Mobile phone: _____

Fax: _____

e-mail: _____

Registration Number: _____

Year of registration: _____

Number of Employees: _____

I want to join the Georgian Tourism Association (GTA) as a full member and herewith confirm to pay 200 US \$ as yearly membership fee.

Date & Place, Signature

Bank Details:

JSC Bank Republic, Central Branch. Bank code: 220101757, Account in GEL 3608058855. Georgian Tourism Association