





**DMC/TOUR OPERATOR APPLICATION FORM**

**MEMBER INFORMATION:**

**Name of Business:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

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

**City, District:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Toll free:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Secondary e-mail:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**Description of business and services offered:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Application:** \_\_\_\_\_