



MEMBERSHIP ENROLMENT REQUEST

Date:

The Secretary General,
Travel Trade Association of Uttar Pradesh (TTAUP)
Ground Floor, 13-A, Jopling Road, Lucknow - 226001.
Mail Id: secretary@ttaup.com , info@ttaup.com

Dear Sir,

I / We hereby wish to apply for membership of your Association under

Trading name

Once inducted into your Association, we accept the obligation to abide by the rules and regulations of “**Travel Trade Association of Uttar Pradesh**” as incorporated in the Memorandum and Articles of the Association and by-laws of the Association as applicable and in force. We agree and undertake to intimate to the Association any change in our Company’s corporate structure, name, constitution or ownership within 30 days of such change being given effect to.

Enclosed please find our Instrument Number/s.....dated.....

Favoring “Travel Trade Association of Uttar Pradesh” for the sum of Rs. 2000/- towards One Time Registration Fee & sum of Rs.4000/- towards Annual Membership fee (January-December).

Yours truly,

Applicant Signature:

Name:
Designation:

Enclosure:
Instrument mentioned above.
Duly completed & Signed “Membership Enrolment Form”.



TTAUP
TRAVEL TRADE ASSOCIATION OF UTTAR PRADESH

MEMBERSHIP ENROLMENT FORM

Trading / Business / Entity Name :
Type of prime business affair :
Type of other business affair :
Date of Incorporation :
Registered Address (If different :
From business address)
IATA Number :
Service Tax Number :
PAN Number :
Shop & Est. license Number :
Ministry Of Tourism approval Number :
Uttar Pradesh Tourism approval Number :
Business Address :
City-Pin Code :
Landline-Fax :
Website :
Authorized Member Name :
Authorized Mobile No :
Authorized Email Id :

PS: Mention N/A which is not applicable in your case.



Add On up to two authorized representative in a case of Partnership / Pvt Ltd / Ltd firm.

Sno	Representatives Name & Designation	Mobile contact	Email
1			
2			

We hereby certify that the information given above is true, correct and accurate to the best of my knowledge and belief.

Yours truly

(Applicant Signature)

Name / Designation:
COMPANY SEAL

PROPOSED & SECONDED BY

The above mentioned applicant is known to us and the information supplied above by the applicant is to the best of our knowledge true and correct. We hereby propose the applicant for the membership of the association

(Signature)

Proposer (TTAUP Active Member)
Name, Company Seal & Date

(Signature)

Secunder (TTAUP Active Member)
Name, Company Seal & Date



FOR TTAUP OFFICE USE

Membership Criteria reference

For Active Members: As listed in TTAUP MOA under heading 9 page 5.

For Affiliate Members: As listed in TTAUP MOA under heading 10 page 5.

For Honorary Members: As listed in TTAUP MOA under heading 11 page 5.

Feedback Report Summary (Gathered through market research and other reliable sources)

Has Company Changed Name/Ownership in Last 03 Years? (No / Yes)

Do company have Branches or Subsidiary Offices? (No / Yes)

Comments (If Any):

Approved For (Active / Affiliate / Honorary member)	
Allotted Membership Number	

Approved By:

Signature
TTAUP Office Bearer
Name & Seal

Registration Number: 1945/1-181045 | Registered Office: Ground Floor, 13-A, Jopling Road, Lucknow-226001