

APPLICATION FORM TO JOIN Geo Routes Eco Tourism & Cultural Heritage Journeys Institute

						DATE			
Regular mem	ıbers: Businesses,	Associatio	ns, Bodies, Org	anizations					
a) REGULAR MEMBER b) SPONSOR									
	Corporate name			Telephone			Professio	n	
Corporate Contacts	Legal Representative			Mobile no			E-Mail		
	Address			Zip code			City		
	Number of your permanent personnel		Your representative at Geo Routes		at				
	Sponsors Only (please indicate)								

WE WOULD LIKE TO PARTICIPATE TO THE FOLLOWING ORGANIZATION COMMITTES (please choose max.3)

COMMUNICATIONS, PUBLIC & INTL RELATIONS	JOURNEYS' PLANNING, AND OPERATIONS	
CULTURAL HERITAGE FESTIVAL	BUSINESSES DEVELOPMENT	
MEMBERS ACQUISITIONS	VOYAGERS CLUB	
SOCIAL MEDIA	SPONSORING PROGRAMS	

REMARKS

1. By this application, we confirm that we have carefully read, understood and fully accepted the Directives at the Policy of Governance of Geo Routes Eco Tourism & Cultural Heritage Journeys Institute.

- 2. We understand that our participation to the Organization Committees we are interested in must be approved by Geo Routes Eco Tourism & Cultural Heritage Journeys Institute Steering Committee. If no space available at the time of our application Geo Routes is free of any responsibility.
- 3. Renewal of membership for the year coming is due not later than November 30th of the previous year.

Stamp & Signature	
Signature	