

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

Date	
------	--

Regular Members:		Individuals	
Personal Contacts	SURNAME	TELEPHONE	PROFESSION
	NAME	MOBILE	E-MAIL
	ADDRESS	ZIP CODE	CITY

I WOULD LIKE TO PARTICIPATE TO THE FOLLOWING ORGANIZATION COMMITTEES (please choose max.3)

COMMUNICATIONS, PUBLIC & INTERNATIONAL RELATIONS		JOURNEYS' SURVEYING, PLANNING, AND OPERATIONS	
CULTURAL HERITAGE FESTIVAL		RELATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS	
MEMBERS ACQUISITIONS		VOYAGERS CLUB	
SOCIAL MEDIA		SPONSORING PROGRAMS	

REMARKS

1. By this application, I confirm that I have carefully read, understood and fully accepted the Directives at the Policy of Governance of Geo Routes Eco Tourism & Cultural Heritage Journeys Institute.
2. I understand that my participation to the Organization Committees I 'm interested in must be approved by Geo Routes Eco Tourism & Cultural Heritage Journeys Institute Steering Committee. If no space available at the time of my 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.

Signature	
-----------	--