



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

Date

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

PLEASE DEFINE HOW YOU INTEND TO ACHIEVE YOUR TASKS (free text)

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.
3. In case of failure or lack of performance to deliver part or full of my duties, I accept and agree that Geo Routes carrying no responsibility when I may be asked to immediately be free of the tasks I have been assigned.

Signature