

2018-19 SIGB Travel Membership Application

All relevant sections of this application form must be completed and returned to the SIGB with your completed direct debit form.

All applications will be considered by the SIGB Committee and, immediately following ratification, membership details will be forwarded. The membership year runs from 1 May to 30 April.

We, the undersigned, wish to apply for Travel Membership of		Travel Section Categories	
Snowsport Industries of Great Britain (SIGB):		9	162
We understand that in order to qualify for membership-		Specialist Travel Agent     Tour Operator offering:	
We must operate a commercially viable business in the retailing of travel product in Great Britain.	snowsport	Tour Operator offering:     Hotel holidays	
2. We must have been involved in the Snowsport Trade for a minimum	n of one	Chalet holidays	
year.  3. We must enclose a direct debit mandate for the annual subscription	1	Group holiday specialist	
payment.  4. We agree that, if we are admitted to SIGB, we will abide by the rule	s of the	Schools holiday specialist	
constitution.		Learn to ski/board packages	
Signed		Self drive holidays only	
Print Name		Coach holidays	
Date		3. Airline	
Date		4. Ferry Company	
Annual membership fee £50		5. Tourist Office	
		6. Ski/Board school or courses	
Direct Debit mandate enclosed		7. Other Travel	_
4.0			
1. Contact_Responsible for overseeing your company's membership of SIGB, distribution of SIGB information to appropriate staff etc.			
Contact Name			
Position			
2. Company Information			
Company Name  Note that you must have the legal right to use this name.			
Trading As Name			
This name will be your company's official membership name and will be used in all SIGB member listings (i.e website, etc)			
I confirm that I would like to be listed on the SIGB website and on other relevant trade listings, include web and sales email details			
Address			
			_
Tel no.	/ebsite		
Your Email S	ales Email		
	TOL no.		
AD IA IIO	102 110.		
	nited Compar		
<b>3. Referees</b> If you have already provided your ABTA number you do not need to supply referees. If you are not a member of ABTA you must provide the names of two SIGB Full Member referees who are willing to support your application. If you			
are not a member of ABTA and cannot provide referees, please enclose a letter giving details of your company background for			
consideration by the SIGB Committee.			
Proposer	Company		
Seconder Company Company			
• Completed application form together with completed direct debit mandate to be sent to: SIGB, 3 Coalhill, The Shore, Edinburgh, EH6 6RH. • If you have any queries on the application process please contact the SIGB office. Tel: 0131 555 3820 Email: sigb@raremanagement.co.uk			
Office Use: Direct Debit Referees Check Date accepted			