

AFFILIATES' APPLICATION FORM FOR EXISTING PRACTITIONERS: 2010 - 2011

Please complete in **BLOCK CAPITALS**

Name	
Address	
Tel/Fax Nos. (Max. 3) <i>(please mark F for fax and M for mobile)</i>	
E-mail <i>(to avoid mistakes, please attach print-out)</i>	
Internet Address	
Tourist Board/City/Site/guiding qualifications with dates* <i>(must be supported by copies of certificates or other written evidence)</i>	
Languages in which you wish to take the Institute language test (only tested languages will be listed by the Institute).	
Other qualifications <i>(must be supported by copies of certificates or other written evidence)</i>	

I hereby apply to become an Affiliate of the Institute of Tourist Guiding. I enclose my cheque for £23 made payable to Institute of Tourist Guiding. The Registration year runs from 1 April 2010 to 31 March 2011.

Signature _____ Date _____

NOTE: The Institute may request a portfolio in addition to the above (including evidence of other relevant qualifications and proven experience). The Institute will provide a validation card confirming registration for the current membership year.