

APPLICATION FORM FOR EXISTING WHITE BADGE GUIDES: 2019 - 2020

Please complete in BLOCK CAPITALS

Fields marked * MUST be completed

PERSONAL DETAILS (refer to Notes for Applicants)				
Full Name and Title*				
Address*				
la) Tel Numbers* (max 3)	 1. 2. 3. 			
lb) E-mail*				
Ic) Website				
QUALIFICATIONS (refer to Notes for Applicants)				
2) Tourist Board/Site Qualifications with date	es*			
3) Languages (all non-first languages must be supported by Institute Language Proficiency Test certificate(s))		First Language(s)* Other Languages: 1. 2. 3.		
4) Other Guiding / Academic Qualification	ıs			

Affiliate Membership Fees for 1st April 2019 - 31st March 2020

PLEASE TICK ONE BOX:		
Annual Affiliate membership if paying by Direct Debit	£32.00	
(Applications received after the end of January, please pay Online via your bank)		
Annual Affiliate membership if paying Online via your bank Annual Postal Supplement** £30		
**As an Affiliate of the Institute you will automatically receive communication of the Institute you will automatically receive communications by post, and not vio correspondence ONLY), please add a Postal Supplement of £30.00 plus fee.	a email (AGN	1/Registrat
PAYMENT DETAILS:		✓
I am paying by Direct Debit and enclose a mandate form		
(Your completed Direct Debit mandate needs to be received before the end of January. After this please pay Online via your bank)	re	
I am paying Online via my bank – Date Paid:		
Barclays Bank - Sort Code 20-31-52 Account Number: 3067327	7	
confirm I have completed all sections of this form and enclose ocumentation listed on the Application Checklist []	e all of the	
agree to abide by the Institute of Tourist Guiding's 'Professio onduct' and hereby apply to become an Affiliate of the Institu uiding.		
gnature: Date:		