

MEMBER APPLICATION FORM

If you are interested in applying for membership in membership in STAN please contact the chairman of the network.

Place:

Date :

First Name :

Last Name :

Position in Company :

Company Name :

Year Established :

Owner's Name / Co owner – Partners :

No. of Employees :

Any Branch Offices :

If yes, please state in which countries :

Company Address :

City :

Zip/ Postal Code :

Country :

Office Telephone No. :

Mobile Telephone No. :

Email Address :

Fax No. :

Website :

Do you work / know any of the members?

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Is student traffic among your main activities?

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Do you handle Incoming Business?

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If yes, please state what type (FIT/ Groups)

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Do you handle Outgoing Business?

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If yes, please state what type (FIT/Groups)

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Do you have experience with MICE business?

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Are you a member of any other student travel network?

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If yes, please state which network

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Do you regularly participate in tourism exhibitions ? If yes please state which ones

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Linkedin address

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**Thank you for your application.
We shall reply to you in due course.**