



**Tour Operators Association of Papua New Guinea**  
**Level 5 Pacific MMI Building**  
**P O Box 1291**  
**PORT MORESBY, NCD**  
**PAPUA NEW GUINEA**  
**Tel: (675) 320 0211 Fax: (675) 320 0223**  
**Email: [toapng@pngtourism.org.pg](mailto:toapng@pngtourism.org.pg)**

**Membership Application 2006-2007**

New Member

Renewing Member

Membership No:  
 (For Renewing Member)

Please circle: Mr/Ms/Miss/Mrs	
Full Name of Owner	
Name of Tour Company	
Other trading name(s)	
What types of tours do you operate?	
Location of Tour Company	
Postal/Street Address	
Telephone Number	
Mobile Number	
Facsimile Number	
Email Address	
Website Address	
Has any of the above information changed since last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have your company been operating for? <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years
Are you are member of any other associations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state the association (s).
Is there a TO in your area that you think would like to be a member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please give his/her company's name and contact details.
Is your company insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state insurance type & insurer. (Send copy)
Membership Fee Option	<input type="checkbox"/> Affiliated Member (K250.00) <input type="checkbox"/> Associated Member (K200.00)

**Payment Options**

Cheque Payable to:  <u>Tour Operators Association of PNG</u> P O Box 1291 PORT MORESBY, NCD  Attn: Lora Flynn/Christine Haroharo-Peipul	Direct Deposit to:  Account Name: Tour Operators Association of PNG Branch: ANZ PORT MORESBY Account Number: 1234 5931  Fax completed form with a copy of the deposit slip
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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT ALL MINIMUM REQUIREMENTS DOCUMENTS & COMPANY PROFILE WITH YOUR FORM.**