

# ORDINARY MEMBERSHIP

## MEMBERSHIP SUBSCRIPTION

**Ordinary Members:** Open to all persons, firms, companies or organisations (duly registered with the Registry of Companies and Businesses or such other government authorities or agencies as may be required) involved or engaged directly or indirectly in travel or tourism related businesses as defined by the Act and having attained the membership entry requirements as prescribed by the Association.

An Ordinary Member may apply to be classified under the following:

- (a) Inbound
- (b) Outbound
- (c) Air Transport
- (d) Surface Transport

New members shall pay initial subscription fees in accordance to the following schedule:

Processing Fees: S\$267.50

Entrance Fees: S\$107.00

Annual Subscription Fees: S\$374.50 (For *Full Year's Subscription*, inclusive of up to 2 categories. S\$53.50 for each additional classification).

Those joining during the 1st quarter (Jan - Mar)	S\$374.50 Full year's Subscription
Those joining during the 2nd quarter (Apr - Jun)	S\$280.88
Those joining during the 3rd quarter (Jul - Sep)	S\$187.25
Those joining during the 4th quarter (Oct - Dec)	S\$93.63

*Urgent processing within 7 working days: S\$107*

Prices stated are all inclusive of 7% GST. **Cheque to be made payable to NATAS**

*Example, for travel agents joining from:*

*1st quarter (Jan - Mar), the NATAS membership fees will be as follow:*  
 $S\$267.50 + S\$107 + S\$374.50 = S\$749.00$

*2nd quarter (Apr - Jun), the NATAS membership fees will be as follow:*  
 $S\$267.50 + S\$107 + S\$280.88 = S\$655.38$

# ORDINARY MEMBERSHIP

## ENTRY CRITERIA

<b>Compulsory Criteria</b>	<b>Optional Criteria</b>
1. Company or Business registered in Singapore with the Registrar of Companies & Businesses (ROC) under the Accounting & Corporate Regulatory Authority (ACRA) under the following business categories:  (a) Sole Proprietorship (b) Partnership (c) Limited Liability Partnership (d) Private Limited Company	1. IATA Accreditation
2. Singapore Tourism Board License (as regulated by the Act currently in force as gazette by the Republic of Singapore)	2. National Accreditation Program recognised by NATAS (eg. Case Trust, ISO Certification, SQA or SQC Certification)
3. Minimum of six (6) months in Operations from the date of issue of Singapore Tourism Board License	

Please attach the following documents together with the Membership Application Form

1. Copy of ACRA Certificate
2. Copy of valid STB license
3. Testimonial (Letter of Recommendation) from either Proposer or Secunder of whom **MUST** be the 1st Accredited Representative of NATAS Ordinary Member
4. Brief company profile in word document (not more than 100 words)
5. Detailed Resume of the Key Executive(s)
6. Copies of relevant Accreditation - e.g. IATA (Optional)
7. Copy of National Accreditation Program - eg. Case Trust, ISO (Optional)
8. Account Payee Cheque in favour of NATAS for the subscription and other related fees

**Note**

Please indicate the choice of Business Classification you are interested in accordingly (as recommended for amendment in the constitution)

<b>No</b>	<b>Classification</b>
1	Inbound
2	Outbound
3	Air Transport
4	Surface Transport

For further clarifications kindly email [membership@natas.travel](mailto:membership@natas.travel) or contact the NATAS Secretariat at +65 6534 0187

# APPLICATION FORM

We hereby apply for **ORDINARY** Membership with the **NATIONAL ASSOCIATION OF TRAVEL AGENTS SINGAPORE (NATAS)** and agree to abide by its rules and regulations.



# ORDINARY MEMBERSHIP

## COMPANY INFORMATION

Registered Name: \_\_\_\_\_ RCB No: \_\_\_\_\_  
(as in Registration/Gazette)

Company Name (if different from above): \_\_\_\_\_

### Main Office

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

General Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

TA Licence No: \_\_\_\_\_ IATA No (if applicable): \_\_\_\_\_

Current No. of Employees: \_\_\_\_\_ Senior Management: \_\_\_\_\_ Middle Management: \_\_\_\_\_ Junior Staff: \_\_\_\_\_

Are you certified by any national accredited program? (e.g. ISO/CASETRUST/etc): \_\_\_\_\_

If YES, indicate program (please attach certificate): \_\_\_\_\_

Industry Associations/Affiliations: \_\_\_\_\_

The following shall be our accredited representatives in the NATAS membership register.

### 1ST ACCREDITED REPRESENTATIVE

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

### 2ND ACCREDITED REPRESENTATIVE

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

### CLASSIFICATION APPLIED FOR

INBOUND

OUTBOUND

AIR TRANSPORT

SURFACE TRANSPORT

\_\_\_\_\_  
Signature of 1st Accredited Representative

\_\_\_\_\_  
Company Stamp

#### PROPOSER

Organisation: \_\_\_\_\_

Membership No: \_\_\_\_\_

Name of Accredited Representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of Accredited Representative

\_\_\_\_\_  
Company Stamp

#### SECONDER

Organisation: \_\_\_\_\_

Membership No: \_\_\_\_\_

Name of Accredited Representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of Accredited Representative

\_\_\_\_\_  
Company Stamp

## ORGANISATION PROFILE

### 1. Type of Organisation

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor           | <input type="checkbox"/> Partnership           |
| <input type="checkbox"/> Private (Limited) Company | <input type="checkbox"/> Public Listed Company |
| <input type="checkbox"/> Others: _____             |  |

### 2. Major Business(es) (contributing more than 20% of total turnover) (you may tick more than one box)

- |  |  |
|--|--|
| <input type="checkbox"/> Inbound _____ %     | <input type="checkbox"/> Outbound _____ %        |
| <input type="checkbox"/> Air Transport _____ | <input type="checkbox"/> Surface Transport _____ |
| <input type="checkbox"/> Others: _____       |  |

### 3. No. of years company has been in current business(es)

- |  |   |
|--|---|
| <input type="checkbox"/> Up to 4 years | <input type="checkbox"/> 5 - 9 years        |
| <input type="checkbox"/> 10 - 14 years | <input type="checkbox"/> More than 15 years |

### 4. Ownership

- |  |  |
|--|--|
| <input type="checkbox"/> Local             | <input type="checkbox"/> Foreign                         |
| <input type="checkbox"/> Government-Linked | <input type="checkbox"/> Joint Venture (Local + Foreign) |

Total number of passengers handled last year \_\_\_\_\_

Last Financial Year's Annual Sales Turnover Year \_\_\_\_\_

Total S\$ \_\_\_\_\_

BSP Volume (if applicable) S\$ \_\_\_\_\_

## FOR OFFICIAL USE ONLY

Received: \_\_\_\_\_ **Payment Details:**

Submitted for Approval on: \_\_\_\_\_ Bank: \_\_\_\_\_ Cheque No: \_\_\_\_\_

Approved/Rejected \_\_\_\_\_ Receipt No: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Processed By

# BUSINESS/PRODUCT/MARKET

Top Business Activities by Rank & Percentage.

TICKETING	RANK	%
Retail		
Wholesale		
Corporate		
Travel Management		
General Sales Agent		

RANK Top 5 Markets by Countries	%
1	
2	
3	
4	
5	

INBOUND	RANK	%
Groups		
FITS		
MICE		
Stops-Overs		
Daily Sightseeing Tours		

INBOUND	RANK Top 5 Markets by Countries	%
	1	
	2	
	3	
	4	
	5	

OUTBOUND	RANK	%
Groups		
FITS		
MICE		
Cruise		
General Sales Agent		

OUTBOUND	RANK Top 5 Markets by Countries	%
	1	
	2	
	3	
	4	
	5	

SURFACE TRANSPORT	RANK	%
Coach Opts		
Car Rental Opts		
MiniBus Opts		

# DETAILS OF COMPANY

Name of Company:

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Name of Directors:

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Name of Major Shareholders:

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Name of Key Executive(s) [Please attach copy of form for Qualification & Working Experience of Key Executive(s)]:

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Name of Staff Employed and Courses Attended:

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Submitted By:

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Name/Designation

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Company Stamp