



MEMBERSHIP FORM

ORGANIZATION INFORMATION

Name of Organization: _____

Organization Registration Number: _____

Organization Type: _____

Organization Primary Business: _____

Country of Incorporation: _____

Country(s) of Operations: _____

Province/State: _____

Years Operating: _____

DIRECTOR/OWNER DETAILS

Name:

Surname:

Title:

Designation:

ADDRESS

Address Line: _____

_____ Posta Code _____

CONTACTS

Phone:

Email:

WEBSITE:

EMAIL THE FILLED FORM TO : membership@womenafricantourismboard.org

PAYMENT INFO

Account Type	GOLD BUSINESS ACCOUNT	Account Number	63069473212
Branch Code	251337	Branch Name	THREE RIVERS 665
Swift Code	FIRNZAJJ	Date Opened	2023-09-18

MEMBERSHIP IS \$100 AND IS VALID FOR A PERIOD OF 12 MONTHS FROM DATE OF SIGNATURE

[Signature] _____ [Date] _____

Disclaimer:

By signing and submitting this membership form, you acknowledge that the information provided is accurate and complete to the best of your knowledge. You also agree to abide by the terms and conditions of the Women African Tourism Board (WATB) membership as outlined by the organization. WATB reserves the right to verify the information provided and may revoke membership if any discrepancies are found.