



ETHIOPIAN TOUR OPERATORS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Please fill out this form and return it to the Ethiopian Tour Operators Association

Name of the company: _____

Woreda: ----- Subcity----- Kebelle----- House No. -----

Location: -----

Full Address

P.O.Box _____

Tel -----

Fax: _____

E-Mail _____

Website: _____

Name of General Manager:

Date and Stamp _____

NB: Please attach a copy of your business license