

Registration form NATM Allied Membership

Company: _____

Name: _____ m/f

Function: _____ Date of birth: _____

Postal address: _____ Zip code: _____ City: _____

Invoice address: _____ Zip code: _____ City: _____

Reference: _____ (PO-number, Cost number a.o.)

Phone number: _____ Mobile number: _____

Email: _____

Website: _____

Undersigned registers as an Allied Member of the Dutch Association for Travel Management (NATM).

The membership fee is € 1495,00 per year excluding 21% VAT. The membership year is equal to a calendar year. Termination of membership must be done at least four weeks before the end of the calendar year.

By signing this form, I agree with the 'Code of Conduct' and the 'Privacy Policy'.

Date: _____ Signature: _____

Please send this form to:

NATM secretariaat
Postbus 557
2300 AN Leiden
E secretariaat@natm.nl