



## Tourism Association Membership Application Form

Business Name

Business Address	Invoice/Correspondence Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Contact Name  Tel No.

Fee  Fax No.

E-mail

Website

**Category Applied for (please tick and complete details as appropriate)**

<b>Serviced Accommodation *</b>	
Bed & Breakfast <input type="checkbox"/>	Number of Rooms <input type="text"/>
Guest House <input type="checkbox"/>	Number of Rooms <input type="text"/>
Hotel <input type="checkbox"/>	Number of Rooms <input type="text"/>
Self Catering Accommodation * <input type="checkbox"/>	Number of Units <input type="text"/>
Holiday Parks * <input type="checkbox"/>	Number of units/pitches <input type="text"/>
Educational/Activity Centres without accommodation <input type="checkbox"/>	
Language Schools/Study Centres with accommodation * <input type="checkbox"/>	Number of rooms or pitch <input type="text"/>
Visitor Attractions <input type="checkbox"/>	No of visitors/annum <input type="text"/>
Pub/Café/Restaurant <input type="checkbox"/>	No of covers <input type="text"/>
Transport Companies/Carriers incl. Cycle Hire <input type="checkbox"/>	No of passenger capacity <input type="text"/>
Professional Businesses incl. Travel agents e.t.c <input type="checkbox"/>	
Individual / Other <input type="checkbox"/>	<input type="text" value="Please Specify:"/>
Groups - <input type="checkbox"/>	<input type="text" value="Units:"/>

If you are joining as a group, please ensure we have the details of all the individual units to be included in the group

My award rating is  with VisitBritain (Quality In Tourism) or AA\*

## Data Protection Act 1998

I/We acknowledge that Tourism South East (TSE) will process by computer or otherwise information a me/us as a result of the application whether or not it proceeds. By signing this membership form I/w to TSE using the personal data to;

- a. enable TSE to manage my/our dealings with TSE; and
- b. bring to my/our attention information on any of the products and services of TSE. I/We unde TSE may contact me/us by post, telephone, e-mail and any other appropriate means of com

I/We agree that my/our personal information held by TSE may be used by TSE and can be made avail carefully selected organisations who may contact me/us by mail, telephone, fax, e-mail or via host m TSE.

If you do not want your details passed on to other organisations please tick this box

I/We understand that I/we have the right to ask for a copy of the personal data about me/us held by for a payment and require TSE to correct any inaccuracies in the personal data. The Data Controller representative can be contacted at the Board's offices.

## Payment Instructions

PLEASE TICK ONE of the three boxes below to indicate your chosen payment method

Cheque  Please make cheques payable to Didcot Chamber of Commerce

Credit/Debit Card  Card No  Valid From  /

Card Type  Expiry Date  /

Switch Issue No.  Cardholders Name

Post code where Card is registered  3 Digit Security Code

Signed

Please return this form with your payment to:

Mike Foster (Treasurer)  
Didcot Chamber of Commerce  
88 Roding Way  
Didcot  
OX11 7RQ

Office use only

Membership No.

Resource No:

Dcc Code

QIT No.