



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)

Serviced Accommodation *	<input type="checkbox"/>	Number of Rooms	<input type="text"/>
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"/>	Please Specify:	<input type="text"/>
Groups -	<input type="checkbox"/>	Units:	<input type="text"/>

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 (President)
Didcot Chamber of Commerce
76 Broadway
Didcot
OX11 8AE

Office use only

Membership No.

Resource No:

Dcc Code

QIT No.