

**MODEL APPLICATION FOR REGISTRATION FOR MEMBERSHIP IN THE
ALLIANCE FOR ACCESSIBLE TOURISM**
(institutions, companies and individuals)

Name :

(institutions, companies and individuals)

Name of the person responsible :

(in case of institutions and companies)

Address:

(street, city, state-region, country)

Tax identification number (mandatory):

Contact email:

Secondary Email:

Contact phone number:

Date:_____

To the attention of the person in charge of the Alliance for Accessible Tourism (accestour@tourismandsocietytt.com)

Dear Leaders of the Accessible Tourism Alliance

I am writing to you as [Position] of [Name of person in charge], with the purpose of formally requesting our/my incorporation as a member of the Alliance for Accessible Tourism, convinced that participation in this prestigious Network will bring significant value to both our institution/person and the community of existing members.

[Name of Institution/or person] is an organization [briefly describe the nature and objectives of the institution], and we firmly believe that our experience and expertise in [mention specific areas of expertise] will enrich exchanges and collaborations within the network.

Attached to this application, you will find the following documentation, which details more about our institution and our motivation for joining the network:

- Detailed description of the institution, including history, mission and main achievements (institutions, companies only)._____
- Evidence of work, responsibilities or projects completed that are relevant to the objectives of the Accessible Tourism Partnership:_____
- Text explaining intention that explains reasons for joining the network:_____

We thank you in advance for your attention to this request and look forward to your response.
Please do not hesitate to contact us for any additional information you may require.

Sincerely,

[Signature]

[Full Name of Applicant]

[Post]

[Name of Institution]

[Email]

[Contact Telephone]