



ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELS: \_\_\_\_\_

FAX: \_\_\_\_\_

eMAIL: \_\_\_\_\_

WEBSITES: \_\_\_\_\_

Role within the Global Healthcare Travel Sector: \_\_\_\_\_

NAME / LAST NAME OF THE CHAIRMAN / PRESIDENT: \_\_\_\_\_ / \_\_\_\_\_

NAME / LAST NAME OF THE REPRESENTATIVE: \_\_\_\_\_ / \_\_\_\_\_

REASON FOR JOINING THE GHTC: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

PLEASE ACCEPT OUR APPLICATION FOR MEMBERSHIP OF THE  
GLOBAL HEALTHCARE TRAVEL COUNCIL

Date:

OFFICAL STAMP OF THE ORGANIZATION

SIGNATURE OF THE ORGANIZATION  
REPRESENTATIVE