

NATIONAL ASSOCIATION OF TICKET BROKERS  
(NATB)  
INTERNATIONAL MEMBERSHIP APPLICATION

Please be advised that this is an application only and is subject to the NATB review process. Your eligibility to join the NATB will be based, in part, on the accuracy of the information supplied herein. Notice of the application will be provided to NATB members for comment. You are **not an International Member** until notified in writing and may not use the NATB logo or membership privileges until that time. Your cooperation and patience are appreciated.

COMPANY INFORMATION

Complete Name of Business: \_\_\_\_\_

Type of entity (Corp/LLC/LLP, etc.): \_\_\_\_\_

Number of years in business under this name: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Cannot be a post office box, mailbox or similar location)

Country/Province: \_\_\_\_\_

Zip: \_\_\_\_\_

Number of years at this location: \_\_\_\_\_ Previous Location: \_\_\_\_\_

What type of location is this?  Residence or  Commercial

Email: \_\_\_\_\_

Website: \_\_\_\_\_

(List all that you do business under)

Telephone Number: International code: ( ) \_\_\_\_\_

Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

(Must be listed in company name)

Does your company have an emergency number for consumers to contact? \_\_\_\_\_

If so, what is the number to contact in case of an emergency? \_\_\_\_\_

All principals' names and their mobile telephone numbers: \_\_\_\_\_

List any other ticket brokering companies in which the principals were involved: \_\_\_\_\_

**BUSINESS PRACTICES**

Business Hours: \_\_\_\_\_

List any professional affiliations: \_\_\_\_\_

Describe company and principal(s)' experience in the ticket brokering industry:

**PROVIDE AT LEAST ONE CURRENT NATB MEMBER IN GOOD STANDING AS A SPONSOR (MUST INCLUDE COMPANY NAME, TELEPHONE #, AND CONTACT PERSON). PROVIDE 3 BUSINESS REFERENCES WITHIN THE TICKET INDUSTRY.**

1. Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

2. Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

3. Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

4. Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Please identify any past or pending litigation with any broker: \_\_\_\_\_

Please identify any past or pending disputes with any customer: \_\_\_\_\_

Please identify any pending or threatened claims from any governmental agency or anyone else regarding tickets or your business: \_\_\_\_\_

Have you or any of your principals been the subject of any bankruptcy or insolvency proceeding? \_\_\_\_\_. If yes, please identify: \_\_\_\_\_

List all other associations you are members of: \_\_\_\_\_

List all licenses: \_\_\_\_\_

Cancellation policy attached: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If inconsistent with NATB's policy, the NATB policy will control)

Copy of invoice attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you want to join the NATB? \_\_\_\_\_

Additional comments: \_\_\_\_\_

**Upon acceptance into membership in the NATB, I / We agree to be bound by and adhere to the NATB's Articles of Incorporation, Code of Ethics, Bylaws, Consumer Complaint Procedures, Resolutions, Regulations, Rules and Requirements. You will also be required to adopt, and be bound by, NATB's refund and cancellation policies, which may require more than your present policy.**

X \_\_\_\_\_ (Name)

X \_\_\_\_\_ (Name)

X \_\_\_\_\_ (Name)

X \_\_\_\_\_ (Name)

**Payment must accompany application to be processed**

\$1250.00/ year

\$ Amount Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Amount Received: \$**

**AmEX/VISA or MasterCard**

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV2#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Check # (Made Payable to NATB): \_\_\_\_\_

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Company Name: \_\_\_\_\_

Application verified by: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_