

National Association of Ticket Brokers (NATB)

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 a Member until notified in writing and may not use the NATB logo or membership privileges until that time.

Full Name of Company Applying: _____

Number of years in business under this name: _____

Any Other Name the Company Does Business Under: _____

Business Address (If you have more than one location, list the principal location. You can add other locations for \$250):

Street: _____

City: _____ State: _____ Zip: _____

What type of location is this (check one)? Residential Commercial

Email: _____

Alternative email: _____

Website: _____

Telephone #: _____ (Must be listed in company name)

All principals' names: _____

List all other ticket brokering companies in which the principals were involved at any time and describe company and principal(s)' experience in the ticket brokering industry: _____

Provide a current NATB Member who has been a Member of NATB for at least 3 years as a sponsor:

Company: _____

Contact Person: _____

Any past or pending litigation or dispute with any broker? _____

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, Requirements, Refund and Cancellation Policies, as well as any federal, state and local law, which may require more than my/our present business practices policy.

X _____(Name)

X _____(Name)

Payment must accompany application to be processed

Membership is \$1,250/year

If you want to add additional locations at \$250 each please let us know

Amount Received: \$_____

Check # (Made Payable to NATB): _____

AmEx/MasterCard/VISA #: _____

Expiration Date: _____ CVV2 #: _____

Name on Card: _____

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

Company Name: _____

Application verified by: _____

Date Received: _____ Date Approved: _____