

# 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\****

***or***

***Monthly: \$149.00 (onetime fee) then \$99.00 a month\****  
***(your card will be automatically charged monthly until cancellation)***

***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: \_\_\_\_\_

*\*All fees will be refunded if the application is denied*

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

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

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

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