

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. 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)

City: _____ State: _____ Zip: _____

Years at this location: _____ Previous Location: _____

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

Email: _____

Alternative Email: _____

Website: _____

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

Fax #: _____ Toll Free #: _____

All principals' names: _____

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

National Association of Ticket Brokers (NATB)

PO Box 539 | Winfield, IL 60190

Phone: 630-510-4594 | Fax: 630-510-4501 | info@natb.org

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 who has been a member of NATB for at least 3 years as a sponsor.

1. Company: _____

Phone: _____ Contact Name: _____

Email: _____

List each exchange or marketplace your company lists ticket on.

Any past or pending litigation with any broker? _____

Any past or pending disputes with any customer? _____

Are you in compliance with all state laws? _____

List all licenses: _____

Cancellation policy attached: _____ Yes _____ No

(If inconsistent with NATB's policy, the NATB policy will control)

National Association of Ticket Brokers (NATB)

PO Box 539 | Winfield, IL 60190

Phone: 630-510-4594 | Fax: 630-510-4501 | info@natb.org

Copy of invoice attached: _____ Yes _____ No

Why do you want to join the NATB? _____

Additional comments: _____

I affirm under the penalties of perjury that the foregoing information is true and correct. By submitting and executing this application I authorize NATB to contact any marketplace or exchange I have identified and inquire about me and my company and our history and status with each marketplace or exchange. 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)

***Please list any additional office locations to be listed.
These offices do not have voting rights***

Additional Addresses: _____

Please tell us how you heard about the NATB: _____

**Payment must accompany application to be processed
Membership is \$625.00/ year or
\$75.00 a month***

Including additional locations is \$250 each – these locations do not have voting rights.

Additional Addresses: _____

Amount Received: \$ _____

Check # (Made Payable to NATB): _____

AmEx/MasterCard/VISA #: _____

Expiration Date: _____ CVV2 #: _____

Name on Card: _____

**\$75.00 monthly payments will be billed automatically to the credit card on file.*

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

Company Name: _____

Application verified by: _____

Date Received: _____ Date Approved: _____