## **FIATA**

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## **Application Form for Individual Membership Category BLUE**

Name of th	e company:						
Address	Street:						
	•						
	P.O. Box:						
City:				ZIP-Code:			
	Country:						
Phone no:				Telefax no:			
E-mail 1:				E-mail 2:			
Website:	http://		'				
Managing Director: O Mr First Na			First Name:				
		O Mrs	Last Name:				
Date of foundation:				IATA Agent O yes O no			
Date of four	ndation:			IATA Agent	O yes	O no	
Date of four Number of I				IATA Agent Number of st		O no	
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