



Tour Guide Membership Application

First Name: _____ Last Name: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Foreign Languages: _____

Do you do over-the-road tours/incentive? _____

Are you CPR certified? Yes No

Are you a driver/guide? Yes No

Describe your educational background, including degree earned and major fields of study: _____

Describe your employment history: _____

Describe volunteer work, special skills, or interests which relate to guiding tours: _____



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Please list two professional references:

#1 Name: _____ Company: _____

Phone: _____ Email: _____

#2 Name: _____ Company: _____

Phone: _____ Email: _____

Please sign and mail this application to the following address, along with a check or money order payable to the San Francisco Tour Guide Guild:

San Francisco Tour Guide Guild
Attn: Membership
P.O. Box 170610
San Francisco, CA 94117-0610

Please check one of the following:

- \$80.00 for new members (January 1st – June 30th)
- \$55.00 for new members (July 1st – December 31st)
- \$70.00 for renewals

Check/Money Order #: _____

Please consider my application for membership. I have read the Code of Ethics and Professional Standards and agree to abide by its provisions.

Signature: _____ Date: _____