

MEMBERSHIP INFORMATION AND APPLICATION FORM



SECURE
TICKETS *from*
AUTHORISED
RETAILERS™

UPDATED JANUARY 2011

MEMBERSHIP AND FEES

There are three levels of membership:

FULL MEMBERSHIP

For those in the business of re-selling tickets for all forms of entertainment, whether to the general public or otherwise.

Application Fee (non refundable)	£500
Joining Fee	£500

ANNUAL MEMBERSHIP FEE:

For businesses with an annual turnover of:

over 5,000,000 tickets a year	£5,040
1,000,001 to 5,000,000 tickets a year	£3,780
500,001 to 1,000,000 tickets a year	£1,890
100,001 to 500,000 tickets a year	£1,260
up to 100,000 tickets a year	£630

ASSOCIATE MEMBERSHIP

For operators of entertainment venues in the business of selling tickets directly to the general public, whether through box offices at entertainment venues, ticket selling booths on other premises, allocations to third parties or otherwise.

Annual Membership Fee:	£400
for each venue included in membership (based on capacity of venue)	12p per head

Minimum of £100pa / Theatres Capped @ 3,000 seats / Arenas Capped @ 5,000 seats

TRAVEL AFFILIATE MEMBERSHIP

For those involved in the resale of tickets exclusively or mainly as part of a package which includes hospitality, travel or accommodation.

Application Fee (non refundable)	£250
Annual Membership Fee	£630

AFFILIATE MEMBERSHIP

For those not directly involved in the sale or resale of tickets but wanting to support the work of STAR, receive STAR mailings and other information and to participate in STAR meetings and events.

Annual Membership Fee	£400
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If you wish to apply for membership, please complete the enclosed application form and return to:

STAR, PO Box 43, London, WC2H 7LD



MEMBERSHIP APPLICATION

Name/Company Name(the "Applicant")

Registered Office (for Companies)

or Principal Place of Business (for Individuals/partnerships)

Address (first line)

Address (second line)

Town County Postcode

Telephone Fax E-Mail

Registered Number (Companies only)

Nature of Business

Subsidiary Trading Names To Be Included In This Application

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CONTACT DETAILS

First name Surname

Position

Address (first line)

Address (second line)

Town County Postcode

Telephone Fax E-Mail



MEMBERSHIP APPLICATION

How many venues are included in this application? (Associate Members Only)
(please attach a list of all venues included together with their audience capacities)

Professional Memberships (Please list any professional organisations or regulatory bodies to which your company is affiliated)

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I/We* (*please delete as appropriate) have read the latest versions of STAR's Code of Conduct and Articles of Association and would like to apply for:

***FULL MEMBERSHIP** of the Society of Ticket Agents and Retailers. I/We* enclose my/our* application fee of £500 and understand that this fee will not be refunded if my application is unsuccessful.

***ASSOCIATE MEMBERSHIP** of the Society of Ticket Agents and Retailers.

***TRAVEL AFFILIATE MEMBERSHIP** of the Society of Ticket Agents and Retailers. I/We* enclose my/our* application fee of £250 and understand that this fee will not be refunded if my application is unsuccessful.

***AFFILIATE MEMBERSHIP** of the Society of Ticket Agents and Retailers.

I/We* agree to be bound by the terms of the Star Code of Conduct and Articles of Association as amended from time to time.

I/We* understand that the Council of STAR must be satisfied that I/we* comply with the qualifications for admission set out in Article 4 of STAR's Articles of Association and that

I/we* will be notified as to whether my/our* membership has been approved within one month of my/our* application being received by the Council.

I undertake/I undertake on behalf of the Applicant* that if this application is refused I/the Applicant* shall not institute proceedings in any court of law arising out of objections made to this application by any person or body or by the Council unless and until notice of appeal has been given by me/the Applicant* to the Sub-Committee of STAR in accordance with Article 8 of STAR's Articles of Association and the decision of the Sub-Committee on such appeal has been notified to the parties, or such appeal has been withdrawn or otherwise disposed of.

Signed.....
(for and on behalf of the Applicant)*

Date

Completed application forms should be returned to: STAR Council, c/o PO Box 43, London, WC2H 7LD

