



WoTA Membership Application Form

This application form may be filled out electronically in Acrobat Reader. Alternatively, you may print out the form and complete it by hand. Should you choose to complete the form by hand, please write legibly using block capitals.

Organisation

Name of Organisation / Company

Address 1

Address 2

City

Post

Code

Country

Phone no (Company)

Website

Head of Organisation (CEO)

Name

Title

Direct Line

Mobile

Applied Membership Type (per WoTA By-Laws):

Full Membership

Associate Membership

Company By-Laws: Enclosed

Private Company

Public Company

Others (Foundation)

Name of Board Members

Company Operator License(s)

License Issue and Expiration Dates:

Countries / Territories / Jurisdiction of License

Products

Wagering Products Offered:

Totalizator

Fixed Odds

Other Wagering/Gaming Products Offered:

Company Beneficiaries:

National Treasury

Agriculture

Recreation

Science

Charitable Organizations

Sports

Culture

Education

Youth Program

Other, please specify:

Other information

WoTA Management will provide generic guidance documents on AML and Responsible Gambling to which the applicants can refer to.

WoTA Management will refer to an International database of companies to confirm applicant complies to relevant AML, anti-terrorist, and/or anti-slavery regulations.

Any organisations looking to join WoTA should contact WoTA's Secretary General, Florence GRAS, at florence.gras@world-tote.org for further details.