



CANADIAN ASSOCIATION OF TOUR OPERATORS

## **SUPPORTING MEMBERSHIP APPLICATION FORM**

**I.** Company Name (Legal parent) or Organization \_\_\_\_\_

Principal address: (in Canada, if applicable) \_\_\_\_\_

City: \_\_\_\_\_ Prov./State \_\_\_\_\_ Post Code \_\_\_\_\_ Country) \_\_\_\_\_

Telephone: (Admin.) \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**II.** Company Brand(s) to be represented in Membership:

Please list all, including principal activity (e.g. Tourist Board, Convention & Visitors Bureau, Airline, Attraction, Hotel Co., Cruise Line, Car Rental Co., Insurance Co. I.T. Co. etc... of each brand.)

a) \_\_\_\_\_ b) \_\_\_\_\_

c) \_\_\_\_\_ d) \_\_\_\_\_

Website address(es): \_\_\_\_\_

**III.** Principal company CATO contact(s) and title(s): (1. being the individual submitting the Application)

1.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ph. \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

2.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ph. \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

3.) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ph. \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

**VI. Applicant Company Information:**

Type of Ownership: (please check):

As of January, 2012, Annual Supporting Membership fees are assessed at \$450, permitting the use of the CATO logo for one brand on published or electronic material, as well being listed and identified as "Supporting Member" on the CATO website. Any additional brands may be displayed on the CATO website and may use the CATO logo on published and electronic material for \$250 for each additional brand. The CATO Logo must include the words "Supporting Member" immediately below the logo.

The full-year fee(s) will be assessed and invoiced upon approval of by the Active Tour Operator CATO Membership. Fees for the following year will be pro-rated by month based on the date of your original application. Subsequent fees will be due in January of each year.

Please submit Application **by mail or by facsimile** to the following: or you may **scan your completed and signed application and e-mail it to: [info@cato.ca](mailto:info@cato.ca)**

**Canadian Association of Tour Operators,  
7 – B, Pleasant Boulevard, Suite 1011,  
TORONTO, Ontario M4T 1K2**

**Attention : Executive Director**  
**Fax Number : 416-485-0112**

If you have any questions pertaining to this application, please call 416-485-8232, or e-mail: [info@cato.ca](mailto:info@cato.ca)

Thank you for applying as a Supporting Member of the Canadian Association of Tour Operators. Your support is important to CATO and the travel industry.

**All information will be treated in the strictest of confidence**

**Certification and Consent**

I hereby certify that the above is true and accurate to the best of my knowledge, and I consent to the verification of statements herein, and that I have full authority to act on behalf of the Applicant.

I also certify and accept that this application may be rejected summarily if not approved by two-thirds of the Active (voting) membership, and that the decision shall not be subject to appeal.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Block Letters \_\_\_\_\_

CATO Use Only: Info \_\_\_\_\_ References \_\_\_\_\_ App. Fee \_\_\_\_\_ Approval \_\_\_\_\_

01/2012