



Canadian Association of Tour Operators

CANADIAN ASSOCIATION OF TOUR OPERATORS

ACTIVE (voting) and ASSOCIATE (non-voting)
TOUR OPERATOR MEMBERSHIP APPLICATION FORM

I. Company Name (Legal parent) _____

Principal address in Canada: _____

CITY: _____ PROV. _____ Postal Code _____

Telephone: (Admin.) _____ Fax: _____ Website: _____

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

Please list all brands, indicating principal activity (e.g. ITC, FIT, International, Domestic) of each brand.

Website addresses: _____

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 _____

Which of the above (or other(s)) would normally represent and speak with authority on behalf of your company(ies) : **(please check or name up to two (2) representatives).**

1.) _____ 2.) _____ 3.) _____ **Other(s)** _____

IV. Wholesaler Prov. Permit or Reg. #s: ON _____ QC _____ BC _____

V. All Tour Operator Members must maintain Professional Liability, Errors and Omissions Insurance with a minimum of \$1 Million CAD coverage. Ins. Co. Name: _____

VI. Applicant Company Information: Type of Ownership: (please check):

Sole Ownership _____ Partnership _____ Private Corporation _____ Public Corporation _____

Established when? _____ Where? _____

How long has the company been under the present ownership? _____

How long has the present management been in control? _____

Approximate total number of employees, all brands: Full time _____ Part time _____

Are your tour products sold through travel agents? Yes _____ No _____

VII. Has the applicant or any affiliate of the applicant or any principal owner or officer of the applicant or an affiliate been subject to any bankruptcy, reorganization or insolvency proceeding within the last three (3) years?

Yes _____ No _____ If Yes, please explain: _____

VIII. Has the applicant or any affiliate of the applicant or any principal owner or officer of the applicant or an affiliate ever been a defendant in any legal action involving fraud, non-payment of debts or other substantial financial claims (other than routine individual claims for tour price refunds)?

Yes _____ No _____ If Yes, please explain: _____

XI. Please check which of the following gross sales volume ranges applies to your company(ies) (for all brands for all sales in all of Canada):

- 1. _____ Over \$100M 2. _____ \$50M to \$100M 3. _____ \$20M to \$50M
- 4. _____ \$10M to \$20M 5. _____ \$5M to \$10M 6. _____ Less than \$5M (Associate category)

As of January 2012, annual CATO membership fees are assessed as follows for the sales ranges above:

- 1. \$8000 2. \$5600 3. \$3200 4. \$2400 5. \$1600 6. \$750

The full-year fee will be assessed and invoiced upon approval of your application, which must be accepted by two-thirds of the Active (voting) Membership. Fees for the following year will be pro-rated by month based on the date of your original application. Subsequent fees for the ensuing years shall be invoiced and payable 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

**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

Thank you for applying for Membership in the Canadian Association of Tour Operators.

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 any references and 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 a two-thirds vote of the Active (voting) membership when presented for approval, and that the decision shall not be subject to appeal.

Signed: _____ Title: _____ Date: _____

Name in Block Letters _____