



Brazil Tour Operators Association

ACTIVE MEMBER

Membership Application

Company Name \_\_\_\_\_ dba \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Association's Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Toll free # \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

General e-mail of the Company \_\_\_\_\_

President /CEO \_\_\_\_\_

Qualifications Requirements

These are the required qualifications established by the results of Member Qualifications Survey, subject to approval by the elected Board of Directors of the Association. Please confirm your company's one, by entering your initials next to the item, where applicable.

- Company has a published brochure featuring Brazil \_\_\_\_\_
- Company has a website featuring Brazil \_\_\_\_\_
- Company pays commission to Travel Agents \_\_\_\_\_
- Company has been established for more than 3 years \_\_\_\_\_
- Company has IATAN and/or ARC accreditation \_\_\_\_\_
- Company is registered in USA and operates from commercial premises \_\_\_\_\_
- Company carries Professional Liability Insurance \_\_\_\_\_
- Company is in good financial standing \_\_\_\_\_

Your company qualifications requirements will be submitted to the Board of Directors for consideration and/or approval. We hereby apply for membership to the Brazil Tour Operators Association (hereinafter referred to as BTOA) and agree to abide by the Association's by-laws with the rights of membership as defined therein, subject to approval by the Association's elected Board of Directors. We agree that the membership dues are non-refundable and do not guarantee any benefits to our company. We agree to indemnify and hold harmless BTOA, its officers and employees, from and against any claims, liabilities, losses, costs, damages or expenses (including attorney's fees) arising from the member's use or participation in this Association.

I have read and understood the above statements and certify that I am fully authorized to make this application.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Please send this Application Form, with a check payable to *Brazil Tour Operators Association, Ltd.* in the amount of \$500.00 as the 2009 Membership Dues and your brochure, by mail to:

Attn. to: Jose' Gherardi -Vice-President & Chairman of the Membership Committee of BTOA  
c/o Hotur - 888 Main Street # 4<sup>th</sup> floor - New York , NY 10044