



ASSOCIATE MEMBERS
Membership Application

Organization Name _____

Address _____ City _____ State ____ Zip _____

Telephone (____) _____ Fax (____) _____

E-mail _____ Website _____

President /CEO _____

Association's Contact _____ Title _____

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's by entering your initials next to the item, where applicable.

- Organization is a Brazilian State Tourist Office _____
- Organization is a Brazilian Convention & Visitors Bureau _____
- Organization is a Brazilian Municipal or Regional Tourist Authority _____
- Organization is a State Official Department of Tourism and Leisure _____
- Organization is allowed to actively promote its destination to the international markets _____

Benefits

As an Associate Member for 2009, your organization will receive the following benefits during this calendar year:

BTOA Website

Listing on the association website, with a dedicated "landing page/ fact sheet" of your design

BTOA Brochure

Prominent listing on the BTOA brochure as a preferred "Associate Member", with wide distribution

Seminars/ Workshops

Option to participate in a series of BTOA-organized workshops

Co-operative Advertising

Preferential placement and rates for any co-operative advertising campaign BTOA executes in 2009

Public Relations

Quarterly Press Release email blasts to our consumer and trade data base to include your news releases

BTOA Gala Event

Opportunity to co-sponsor BTOA's Annual Meeting / Gala Event as a showcase for your destination

We hereby apply for membership to the Brazil Tour Operators Association (herein after 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 \$2,500.00 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 # 4th floor - New York , NY 10044