



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](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 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 \_\_\_\_\_