



ALLIED MEMBERS

Membership Application

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

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

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

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

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

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

- Company is an Independent Hotel in Brazil \_\_\_\_\_
- Company is a Hotel Chain in Brazil \_\_\_\_\_
- Company is a restaurant, attraction or specialty retailer in Brazil \_\_\_\_\_
- Company is an airline with regular or seasonal services to Brazil \_\_\_\_\_
- Company is a cruise line with seasonal operation in Brazil \_\_\_\_\_
- Company is a Car Rental and/or Transportation Company in Brazil \_\_\_\_\_
- Company is in Business for more than 3 years in the Brazilian Marketplace \_\_\_\_\_
- Company provides services as suppliers to American Tour Operators \_\_\_\_\_

Benefits

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

BTOA Website

Listing on the association website

BTOA Brochure

Prominent listing on the BTOA brochure as a preferred "Allied 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

Travel Industry Site Inspections

If desired, Joint Proposals to airlines/hotels/ tourist offices for a BTOA Travel Agent Fam Trip Program

Public Relations

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

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.* as the 2009 Membership Dues 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