



## APPLICATION FOR ASSOCIATE MEMBERSHIP

**IMPORTANT:** The CATO Constitution should be consulted prior to completing this Application for Membership. Forms should be completed in full and be submitted to the Chairman of CATO for membership consideration. The Executive Committee may at its absolute discretion admit an applicant as an Associate member if, in the opinion of the Executive Committee, the person is capable of contributing to the objectives of the council by reason of the person's involvement or interest in the travel industry.

NAME OF COMPANY/  
ORGANISATION \_\_\_\_\_

TRADING AS \_\_\_\_\_

Hereby applies for Associate Membership of the Council of Australian Tour Operators Incorporated. The Applicant acknowledges that it has received the Code of Ethics of CATO and agrees, on being accepted as a member of the Council, to abide by the Code of Ethics.

Managing Director/Chief Executive: \_\_\_\_\_

The Applicant nominates the senior executive whose name is specified below as its representative to exercise on its behalf its rights and powers as an Associate member of the Council until further notice.

Address \_\_\_\_\_

Postcode \_\_\_\_\_ P.O. Box \_\_\_\_\_

Telephone \_\_\_\_\_ Area Code \_\_\_\_\_ Fax \_\_\_\_\_ Area Code \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

Nominated Representative \_\_\_\_\_ Title \_\_\_\_\_

Personal Email \_\_\_\_\_ Personal Phone \_\_\_\_\_



# Credit Card Payment

Please complete the following details

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel: No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## PAYMENT AUTHORITY

Please debit my

Amex     Visa     Diners     Mastercard     Bankcard

**Card Number:** .....

**Expiry Date:** .....

**Cardholders Name:** .....

**Total Amount:** .....

**Signature of Cardholder:** .....

\*\* An additional 1% credit card service fee will be applied to the dollar amount paid by credit or charge card.