



ID # _____
for CTO use only

APPLICATION FOR CTO CHAPTER MEMBERSHIP
January 1 to December 31

INSTRUCTIONS: Please complete all the information below to be included on the CTO's Database. The database will include the members of all Chapters and be used by CTO to communicate with the entire membership. This information will only be used in connection with Caribbean business opportunities.

CHAPTER: _____

MEMBER: _____
First Name Last Name

MEMBER TYPE: Home Based Agent Outside Agent Retail Agent National Tourist Office Other

COMPANY PROFILE

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

PERSONAL PROFILE (Optional)

Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

TRAVEL AGENTS ONLY – MUST BE COMPLETED

CLIA/ARC/IATA/ACTA #: _____

NICHE MARKET TARGETS (circle all that apply):

- Adventure Cruise Eco-Tourism Golf
 Scuba Meetings Special Events Weddings/Honeymoon

SPECIALIST PROGRAMS COMPLETED (circle all that apply - if other, please indicate):

- Caribbean Aruba Bahamas Cayman Islands Jamaica
 Puerto Rico US Virgin Islands Other: _____

PAYMENT INFORMATION: *Membership Dues are \$35.00 per annum. Full payment must accompany registration. Please make checks payable to: Caribbean Tourism Organization Chapters*

Check # _____ Charge my: AMEX Visa MC Discover
Card Number: _____ Expiration Date: _____
Cardholder's Name: _____ Signature: _____ Date: _____
print

EMAILS AND NOTICES (select only one option)

Do you wish to have CTO members send you information on the Caribbean via Email: Yes No
Send To: Company address Company Email Personal Address Personal Email