CTCPI
Canadian Travel Council Promoting Italy

MEMBERSHIP APPLICATION FORM

I WOULD LIKE TO BE CONSIDERED FOR MEMBERSHIP IN CTCPI.

Please check one:

☐ ACTIVE MEMBER (Canadian Tour Operators only)

☐ ALLIED AND ASSOCIATED MEMBERSHIP

CATEGORY:

☐ TOUR OPERATOR

☐ OTHER (PLEASE SPECIFY) _____

ALL FIELDS MUST BE COMPLETED

COMPANY:	
PROVINCE OF REGISTRATION:	
WHOLESALE REGISTRATION NUMBER:	
NUMBER OF YEARS IN BUSINESS UNDER THIS IDENTITY:	
APPLICANT'S NAME:	
APPLICANT'S POSITION:	
COMPANY'S ADDRESS:	
CITY:	
POSTAL CODE:	
TELEPHONE CONTACT:	
FAX:	
E:MAIL ADDRESS:	
WEBSITE:	
DO YOU PUBLISH A TRAVEL CATALOGUE ?	
DOES IT INCLUDE ITALY?	
NUMBER OF PAGES:	
DO YOU CURRENTLY HAVE E&O INSURANCE COVERAGE?	
REFERENCES (ALL FIELDS REQUIRED): AGENCY 1	
AGENCY 2	
AGENCY3	
AGENCY 4	
AGENCY 5	
FIN .INST.1	
FIN .INST.2	
SPONSOR (2 ACTIVE CTCPI BOARD MEMBERS) SPONSOR 1	
SPONSOR 2	
FEE ENCLOSED	
COMMENTS	

DATE : _____ **SIGNATURE:** _____