

BECOMING A MEMBER OF OMCA

You can quickly and easily join OMCA by filling out both sides of this form; scan and email to info@omca.com or fax to 416-229-6281. Downloadable copies of this form and other OMCA information are available on our website at www.omca.com

MEMBERSHIP CRITERIA

Company must be in business for minimum of 1 year

A tour operator member of OMCA can be any individual, partnership, company, or corporation lawfully engaged in the arrangements of motor coach tours. Members in OMCA maintain the highest level of integrity and standards, including:

- TICO registration (*for Ontario domiciled companies*)
- Abide by the applicable Provincial/State and federal laws and regulations where the company is domiciled or where it does business
- Sponsored by current OMCA member

FEE STRUCTURE

10 or less Employees	\$270.00
Over 10 Employees	\$535.00
Tour Operator Parent Company	\$1250.00

PAYMENT

Payment is accepted by cheque (*payable to OMCA*) or credit card (Pg. 2) and is to accompany application form.

Annual Fee _____

Sub-Total _____

Plus GST or HST depending on prevailing tax rates in province of residence.
(All U.S. domiciled companies are tax exempt) _____

Total Amount Due _____

FOR MORE INFORMATION, PLEASE CONTACT:

OMCA - Ontario Motor Coach Association
320 North Queen Street, Suite 210
Toronto, Ontario M9C 5K4
Tel. 416 229 6622 Fax. 416 229 6281
E-mail: info@omca.com www.omca.com

OMCA values the privacy of its members and customers..
All information collected is done so in accordance with our
Privacy Policy. For details, see www.omca.com

 Wheelchair Accessibility Check if applicable

CANDIDATE PROFILE

Company Name _____

Primary Contact Name _____

Title _____

Primary Email _____

Mailing Address _____

City _____

Province/State _____ Postal/Zip Code _____

TICO Number (*Ontario-based company*): _____

Telephone _____ Fax _____

Toll-Free _____

Website _____

CERTIFICATION

This certifies that our organization agrees to comply with the above membership criteria, Association By-laws and Code of Ethics.

Signature _____

Name (*Please Print*) _____

Date _____

SPONSOR CONFIRMATION

In accordance with the OMCA Constitution and By-laws, please provide the name of a sponsoring company supporting your membership.

Contact Name _____

Title _____

Company _____

Date _____

*By becoming a member, I consent to receive electronic communications from OMCA; I may unsubscribe at any time. (*May result in a disruption of membership benefits.)*

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