



# APPLICATION FORM 2010

Please complete this form for submission to *Medical Tourism Association*™

Mail: 10130 Northlake Blvd, Suite 214-315

West Palm Beach, Florida 33412 Fax to: (866) 756-0811

Organization Name .....

Address .....

Postal Code ..... City ..... State .....

Country.....

Main Telephone ..... Fax .....

Main Email..... Website.....

**Name**

**Title**

**E-mail**

Applicant  
Contact.....

CEO.....

Billing  
Contact.....

Email to receive all MTA correspondences.....

### Please Check the Application Level you are applying for:

- Corporate Gold (Includes Premiere Benefits) \$5,000**
- Government/Healthcare Cluster/Associations \$5,000**
- Hospital \$3,000**
- Travel and Hospitality Companies \$2,000**
- Specialty Clinic/Dental/Cosmetic/Clinical Trials \$2,000**
- Spa and Wellness \$2,000**
- Medical Tourism Facilitator \$1,500**
- Corporate Membership \$1,500**
- Industry Associations and Chambers \$1,000**
- \*Excludes Hospital Associations
- Buyer's Circle \$500**
- \*Must be Pre-Qualified (200 Limit Annually)
- Practicing Physician \$500**
- \*Must Provide Valid Active License
- Healthcare Professional \$500**
- Medical Healthcare Provider, Nurse, Physician Assistant
- \*Must Provide Valid Active License; this category is strictly for professionals without a medical tourism business
- Yes, include me on MTA Directory and MTA Website Listing
- No, exclude me from MTA Directory MTA Website Listing

After receipt of your application and dues, a questionnaire will be provided to you to complete within 60 days. If for any reason membership cannot be granted then a refund of the membership dues will be sent to the applicant.

[www.MedicalTourismAssociation.com](http://www.MedicalTourismAssociation.com)  
[info@MedicalTourismAssociation.com](mailto:info@MedicalTourismAssociation.com)

US (561) 791-2000



## CONDITIONS OF MEMBERSHIP:

Member hereby agrees to the terms below.

Member organization hereby agrees that their membership will become effective upon approval by the Association and receipt of the membership dues. Memberships run automatically for twelve (12) months and renews automatically each year unless the member notifies the association headquarters in writing of its request to terminate in writing at least 60 days prior to renewal. Failure to notify Association of termination of membership within 60 days prior to renewal will result in Member being responsible for payment of dues. Membership renewal is subject to member paying any annual subscription or dues in full. Member hereby agrees to be bound by the bylaws of the association. Your organization will receive confirmation of membership, a welcome letter, and an ID code and password to access special information on the site for members only when applicable.

Member hereby agrees to provide information as reasonably requested by the Association to allow the Association to provide benchmarks and standards and to disseminate information to the general public to allow educated healthcare selection decisions.

**CONFIDENTIALITY - Confidentiality -** Member acknowledges that Association may provide to member proprietary information not available to the public, which member agrees not to disclose to the public. Members agrees to hold, and that all employees, agents, or third parties to whom the Information is disclosed will hold, all Information in trust and confidence and agree that such Information shall be used only for the contemplated purposes as a member in the association and shall not be used for any other purposes nor disclosed to any third party without the prior written consent of the association. In the event of unlawful use or wrongful disclosure, in addition to any other remedies the association may have at law or in equity, the association shall be entitled to injunctive relief.

**Choice of Forum / Choice of Governing Law:** This membership Agreement shall only be interpreted and enforced in accordance with the laws of the State of Florida and the proper venue to resolve any and all disputes arising from the any of the terms, responsibilities, or liabilities under this Agreement shall be in Palm Beach County, State of Florida. This agreement shall be binding upon the parties, its successors, and assignees.

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Signature

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Name

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Title

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Date