



APPLICATION FORM 2011

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

Nurse and Physician Assistant \$250

*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

If for any reason membership cannot be granted then a refund of the membership dues will be sent to the applicant.

www.MedicalTourismAssociation.com

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 renew 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 - Member acknowledges that Association may provide to member proprietary information not available to the public, which member agrees not to disclose to the public. Member 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. Member agrees that it will be privy to proprietary and confidential information not available to the general public or non-MTA members and that member agrees not to share any proprietary or confidential information shared with MTA member under any circumstances with any other organization, entity or individual. Member agrees to immediately notify MTA in writing, if it participates, violates this confidentiality clause or if there will be a potential conflict of interest where this proprietary information may be shared with a non-MTA member.

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.

Signature

Name

Title

Date

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