



2017 NTA Associate Membership Application

101 Prosperous Place, Suite 350
Lexington, KY 40509 USA
800.682.8886 • NTAonline.com

Requirements for NTA Associate Membership

All applicants must meet and/or submit the following requirements for membership. See NTAonline.com for specific description of requirements.

- a. The organization/business must provide a product/service that enhances the quality/safety of tour operations and/or the components of travel.
b. The organization/business must not be eligible for membership in another category of NTA membership.
c. The organization/business must be in compliance with applicable governmental regulations.

Important Information and Dates (please read):

- Please type or print legibly all required information. Submitted application information is valid for six months.
Membership is subject to renewal after Jan. 31, 2018.
All applicants will be notified upon completion of the application process.
Upon approval of your membership application, membership dues become non-refundable.
Membership is held by the Associate member company, not an individual representative.
Applications must be received with all required documentation and payment prior to April 21, 2017 to be listed in the printed NTA Membership Directory. Members joining after this date are included in the online directory.

Who can we thank for referring you to NTA? _____

Organization Name: _____
Primary Contact: Mr. Ms. First Name: _____ Last Name: _____
Title: _____
Address: _____ City: _____
State/Province: _____ Country: _____ Zip Code: _____
Telephone: _____ Toll Free: _____ Fax: _____
Website: _____ Contact Email: _____
Physical Address, if different: _____
Company/Product/Service Description (Explain how your company enhances the quality/safety of tour operators, and/or the components of travel.):

- A. Are you in compliance with all applicable federal, state, national, provincial or local laws and regulations? (Circle one.)
_____ Yes _____ No* *If NO, provide details on separate sheet.
B. Do you currently have an active petition under the applicable federal, state, national, provincial or local bankruptcy or insolvency laws? (Circle one.)
_____ Yes* _____ No *If YES, provide details on separate sheet

Membership Term and Payment Authorization

Membership	Membership Expiration	Dues
National Tour Association	Jan. 31, 2018	US \$490
Faith Travel Association Benefit	Jan. 31, 2018	US \$199

Dues amount listed above is valid for 2017 membership year. Total amount due US \$ _____

Faith Travel Association contact if different than NTA contact on Page 1:

oMr. oMs. First Name: _____ Last Name: _____
 Title: _____ Contact Email: _____
 Contact Phone: _____

Method of Payment

Check or money order made payable to NTA is enclosed.
 Wire transfer
 Charge this NTA membership to my (select one): American Express Discover MasterCard Visa
 Card Number: _____ Exp: ____/____ Name on Card: _____
 Billing address for credit card: _____ City: _____
 State/Province, Zip/Postal Code: _____ Country: _____
 Security Code: _____ Authorized Signature: _____

NTA Code of Ethics and Professional Responsibility

NTA’s Code of Ethics consists of the following generic codes. Each general code has several specific sub-sections. The entire Code of Ethics can be found on NTAonline.com.

Preamble: NTA’s Code of Ethics and Professional Responsibility is established to guide its members in their relationship to one another and in providing professional and courteous quality services to the traveling public.

An NTA member shall:

- o Be guided in all professional and personal activities by truth, accuracy, honesty, fairness and integrity.
- o Exercise truth, integrity and fair dealings with his/her/its customers and/or consumers.
- o Promote public confidence in NTA.
- o Keep informed on the latest techniques, developments and knowledge pertinent to the packaged travel industry.

Authorization

Applicant declares that the statements contained in this application are true and correct and the applicant acknowledges that knowingly giving misinformation or false information is to commit fraud, which is in direct conflict with the NTA Code of Ethics and Professional Responsibility. By signing this application, Applicant agrees to abide by the NTA Code of Ethics and Professional Responsibility, and Applicant understands that Applicant can use the NTA logo solely for the Applicant identified herein.

 Signature of Authorized Representative of Applicant Title

 Printed Name Date

Return completed application and payment to:

National Tour Association
 Attn: Membership Department
 101 Prosperous Place, Suite 350
 Lexington, KY 40509 USA
 800.682.8886 (U.S. & Canada) • +1.859.264.6540
 +1.859.264.6570 fax • NTAonline.com