



2017 Educator Membership Application

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

Requirements for NTA Educator Membership

All applicants are required to meet the following requirements for membership:

A Person or individual which is an educational group or representative of such, which or whom engages in educational or research activities in the areas of travel and tourism, is eligible for membership and to continue its membership, as an Educator Member of the Corporation. Provided however, individual Educator Members must be actively employed by a certified educational or diploma granting institution and there shall be a limit of one individual Member from each such institution; and non-individual Educator Members must be accredited or licensed to operate under appropriate governmental authority.

Important Information and Dates (please read):

- a. Please type or print legibly all required information. Application information is valid for six months.
b. Membership is based on a calendar year and is subject to renewal after Jan. 31, 2018.
c. All applicants will be notified upon completion of the application process.
d. Upon approval of your membership application, membership dues become non-refundable.
e. 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 will be listed in the online directory.

Where did you hear about us?

- o Member referral - Name: Company:
o Publication - Name:
o Web site (NTAonline.com)
o Guest Program - Location:
o Met NTA representative at trade-show - Name of show:
o NTA solicitation by mail, fax, phone or email
o Other:

Why did you join?

- o Research and information
o Professional development/Education
o China Inbound Program
o Advocating/lobbying and legislative representation
o Corporate Partner discounts

General Information

Organization's Name:
Primary Contact: Mr. Ms. First Name: Last Name:
Title:
Address: City:
State/Province: Country: Zip Code:
Telephone: Toll Free: Fax:
Web Address: Contact Email:
Physical Address, if different:
Nature of business/organization description:

List any trade affiliations:

This institution provides a (select one):

- One-year certificate program Two-year program Four-year program Graduate program

The institution is (select one):

- Accredited Licensed

Name of accreditation or licensing agency:

Membership Term and Payment Authorization

Membership	Membership Expiration	Dues
National Tour Association	Jan. 31, 2018	US \$160

Dues amounts listed above are valid for 2017.

Total Amount Due US \$ _____

Method of Payment

Check or money order made payable to NTA is enclosed. Wire payment

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 at 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:

- Be guided in all professional and personal activities by truth, accuracy, honesty, fairness and integrity.
- Exercise truth, integrity and fair dealings with his/her/its customers and/or consumers.
- Promote public confidence in NTA.
- 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