



2017-2018 Travel Planner Membership Application

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

To be considered for NTA membership, please complete the information below in its entirety. Please attach proper documentation/ verification to this application for appropriate membership requirements. Upon receipt and confirmation of accompanying documentation, NTA will provide an update related to your application status and membership.

Where did you hear about us?

- Member referral - Name: Company:
Publication - Name:
Website (NTAonline.com)
Met NTA representative at trade show - Name of show:
NTA solicitation by mail, fax, phone, or e-mail
Other:

Why did you join?

- Business-to-business buying opportunities
Research and information
Professional development / education
China Inbound Program
Advocacy/lobbying and legislative issue representation
Corporate partner discounts
Other:

General Information

Company Name:
Primary Contact: Mr. Ms. First Name: Last Name:
Title:
Address: City:
State/Province: Country: Zip Code:
Telephone: Toll Free: Fax:
Web Address: Contact E-mail:
Physical Address, if different:
C-level/Owner: Mr. Ms. First Name: Last Name:
Title: Contact Email:
Nature of business/ company description:

If the Applicant conducts business and desires its NTA membership under an assumed name or identity other than the one above, please list below the name(s) and address(es) of all assumed names and other identities. Indicate the nature of business conducted for each, and attach a duly filed assumed name certificate for all (in states where required).

Applicant is: For Profit Organization Non-profit Organization

Is Applicant a Sole Proprietorship? Yes No

Please provide the name(s) and address(es) of Applicants' Beneficial Owner(s)*, i.e., sole proprietor, partners, members or shareholders. Attach separate sheet if needed.

Name 1:
City, State & Country of Residence:
Name 2:
City, State & Country of Residence:

* A person is considered a beneficial owner if they own 10% or more of the equity interest in the applying company.

General Membership Requirements

Any sole proprietorship, partnership, firm, trust, limited liability company, corporation, unincorporated organization or association that complies with the following membership requirements may be considered for NTA travel planner membership (complete membership requirements and standards are available at NTAonline.com).

- Applicant actively engages in the business of selling tours and travel packages produced and operated by a third party on a for-profit basis.
- Applicant does not qualify for any other NTA membership and does not conduct, arrange or operate packaged travel, nor package and sell two or more components of travel for an inclusive price on a for-profit basis. (Doing so qualifies Applicant as an NTA tour company member.)
- Applicant is in compliance with all laws, rules and regulations and is duly qualified and licensed to do business in each jurisdiction that requires such qualification or licensing.

Membership Requirements for North American-based Companies

Please move to the next section if Applicant does not have a principal business office in North America.

An Applicant with a principal business office located in North America shall comply with the following qualifying criteria.

- Maintain comprehensive general public liability insurance coverage with minimum limits of US\$500,000 for each occurrence with a reputable insurance underwriting company (Provide certificate of insurance evidencing this insurance, showing NTA as certificate holder).

Membership Requirements for Companies Based Outside North America

An Applicant with a principal business office located outside North America shall comply with at least one of the following qualifying criteria (check one that applies and provide proper documentation).

- Maintain comprehensive general public liability insurance coverage with minimum limits for each occurrence with a reputable insurance underwriting company in coverage amounts as determined by NTA to be reasonable and appropriate. (Provide certificate of insurance evidencing this insurance, showing NTA as certificate holder.)
- Maintain professional liability, errors and omissions insurance with minimum limits as determined by NTA to be reasonable and appropriate with a reputable insurance underwriting company. (Provide certificate of insurance evidencing this insurance, showing NTA as certificate holder.)
- Maintain hired/non-owned auto/motorcoach liability insurance with minimum limits as determined by NTA to be reasonable and appropriate with a reputable insurance underwriting company. (Provide certificate of insurance evidencing this insurance, showing NTA as certificate holder.)
- Has a minimum of three years in business as a travel planner/travel agent. Date founded: _____
- Maintain and use a program for the escrow of consumer deposits and prepayments. (Provide completed "Certification of Escrow of Funds to NTA" form available on NTAonline.com.)
- Maintain ISO 9001:2000 certification. (Provide copy of ISO 9001:2000 Certificate.)
- Maintain membership in good standing in a travel-related association. Identify association: _____
- Provide each and every customer with comprehensive travel protection insurance (i.e. trip cancellation and trip interruption insurance), underwritten by a reputable insurance company.

Integrity Acknowledgments (please acknowledge Applicant's agreement to and with the following statements by initialing the items below):

_____ The Applicant, the owner(s) of the Applicant, and no member of the Applicant's senior management team, each has not been convicted of a felony, or been the subject of a pending criminal felony allegation, nor have filed, or had filed against it, him or her, as the case may be, a petition under federal bankruptcy laws or any state or province insolvency laws during the five (5) years immediately preceding the date of application.

_____ The Applicant is currently able to meet its financial obligations and has no reasonable expectation that it will not be able to meet its financial obligations or become financially insolvent during the 12 months following the date this application is filed.

Membership Term and Payment Authorization

Membership	Membership Expiration	Fee
<input type="checkbox"/> Best Value* <input type="checkbox"/> Faith Travel Association Add-on *Includes 2018 membership	Dec. 31, 2018 Dec. 31, 2018	US \$475 N/C

*Prices valid for applicants who have not been members since December 2016 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 (circle 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 general 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:

- 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:

Attn: NTA Membership Department
 101 Prosperous Place, Suite 350
 Lexington, KY 40509 USA

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