



2024 Associate Membership Application

headquarters@ntastaff.com

Requirements for NTA Associate Membership:

All applicants must meet and/or submit the following requirements for membership.

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

Important Information and Dates (please read):

- Membership is subject to renewal after **Dec. 31, 2024**.
- Upon approval of your membership application, membership dues become non-refundable.
- Membership is held by the Associate member company, not an individual representative.

Who can we thank for referring you to NTA?

General Information

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: _____

Secondary Contact: ☐Mr. ☐Ms. First Name: _____ Last Name: _____

Title: _____ Contact Email: _____

Executive-level Contact: ☐Mr. ☐Ms. First Name: _____ Last Name: _____

Title: _____ Contact Email: _____

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 and Payment Authorization

Select Your Membership	Membership Expiration	Dues
<input type="checkbox"/> National Tour Association	Dec. 31, 2024	US \$650
<input type="checkbox"/> Faith Travel Association Benefit	Dec. 31, 2024	US \$199

Faith Travel Association contact (if different than NTA contact on Page 1)

Total amount due US \$ _____

Mr. OMs. First Name: _____ Last Name: _____

Title: _____ Contact Email: _____

Contact Phone: _____

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/CVV: _____ Authorized Signature: _____

NTA Code of Ethics and Professional Responsibility

NTA's Code of Ethics consists of the following values and guidelines. Each general code has several specific sub-sections. The entire Code of Ethics can be found on <http://ntaonline.com/about-us>

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, by its duly authorized representative, hereby declares that the statements contained in this form are true and correct and that Applicant has not suppressed or misstated any facts, or omitted to state any facts necessary to make the statements set forth herein not misleading. Applicant, by its duly authorized representative, acknowledges and is aware that to knowingly give misinformation or false information is to commit fraud, which is in direct conflict with the NTA's Code of Ethics and Professional Responsibility.

Applicant, by its duly authorized representative, affirms to NTA that Applicant understands the requirements of NTA Associate Membership and affirms to NTA that Applicant meets and throughout Applicant's membership in NTA shall meet said requirements and comply with and abide by the NTA Code of Ethics and Professional Responsibility.

For European Union members only

☐ Yes, I give NTA consent to keep me informed through email news and updates, which keeps the National Tour Association compliant with the European Union's General Data Protection Regulation (GDPR). Please check box.

Printed Name: _____ Title: _____

Signature of Authorized Representative of Applicant: _____ Date: _____

Return completed application and payment to:

National Tour Association
Attn: Membership Department
PO Box 910881/Lexington, KY
40591/859.264.6540

