



## 2024 DMO Membership Application

headquarters@ntastaff.com

### Requirements for NTA Destination Marketing Organization (DMO) Membership:

All applicants must meet the following requirements for membership.

- Be a DMO for a city, state/province, region, area or country whose primary purpose is the promotion of the destination.
- Be representative of at least three of the multiple components (lodging, attractions, restaurants, etc.) of the travel and tourism industry within a city, state/province, region, area or country.
- Be a nonprofit organization, governmental agency or instrumentality.
- Membership is held by the member company, not an individual representative.

### 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.
- Appointments may be offered at Travel Exchange, however, payment of membership dues are not contingent on the scheduling of appointments and therefore, a refund of membership dues will not be given to those companies that do not receive appointments.

### Who can we thank for referring you to NTA?

#### General Information

Organization Name: \_\_\_\_\_

Primary Contact: oMr. oMs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Physical Address, if different: \_\_\_\_\_

Secondary Contact: oMr. oMs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Executive-level Contact: oMr. oMs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_

For U.S. applicants, indicate the federal tax form number annually submitted to the Internal Revenue Service (Your organization must be a nonprofit organization, governmental agency or instrumentality): 90/990-T \_\_\_\_\_ 1120 \_\_\_\_\_ Other \_\_\_\_\_

List, by specific companies names, three types of entities represented by your organization (e.g., attractions, restaurants, hotels, etc.)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

#### Membership and Payment Authorization

**Two** DMO participants will be eligible for the prescheduled appointments at Travel Exchange. Event registration fees are per person and are at an additional charge.

Select Your Membership	Membership Expiration	Dues
<input type="checkbox"/> National Tour Association	Dec. 31, 2024	US \$800
<input type="checkbox"/> Faith Travel Association Benefit	Dec. 31, 2024	US \$199

Total Amount Due US \$ \_\_\_\_\_ Page 1 of 2

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

o 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 general values and guidelines. Each general code has several specific sub-sections. The entire Code of Ethics can be found at <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:**

- 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, 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 Tour Supplier/ DMO 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.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature of Authorized Representative of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**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.*

**Return completed application and payment to:**

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