

2024 Tour Operator Membership Application

headquarters@ntastaff.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.

Who can we thank for refer	ring you to NTA?					
General Information						
Organization Name:						
		Last Name:				
Title:						
		City:				
State/Province:	Country:	Zip Code:				
		Fax:				
		Contact Email:				
Physical Address, if different: _						
		Last Name:				
		Contact Email:				
Executive-level/Owner: oMr. o	Ms. First Name:	Last Name:				
		Contact Email:				
	d assumed name certificate for a					
Applicant is: O For Profit C s Applicant a Sole Proprietorsh	Organization O Non-profit Organion? O Yes O No	nization				
Please provide the name(s) and shareholders. Attach separate s	address(es) of Applicant's Benef	ficial Owner(s)*, i.e., sole proprietor, partners, members or				
City, State & Country of Reside	nce:					
City, State & Country of Reside	nce:					
* A person is considere	d a beneficial owner if they own	10% or more of the equity interest in the applying company.				
General Membership Requi	rements					
with the following membership red standards are available at NTAonlin	quirements may be considered for N ne.com). Registrant complies with t	any, corporation, unincorporated organization or association which complie NTA tour operator membership (complete membership requirements and the following general requirements and standards by checking the boxes				
		ging packaged travel (multiple component travel that is promoted and sold chure, tour itinerary or website address).				
☐ Applicant is in compliance wit	pplicant is in compliance with all laws, rules and regulations and is duly qualified and licensed to do business in each jurisdiction that require					

such qualification or licensing.

Membership Requirements for North American-based Companies

Contact Phone:

Wiembersing Requirements for North Ame	mean basea companies							
Please move to the next section if Applicant does no								
☐ Maintain commercial general liability insurance	Applicant with a principal business office located in North America shall comply with the following qualifying criteria: Maintain commercial general liability insurance coverage of the company's operations, with minimum limits of US\$1,000,000 aggregate annually, with a reputable insurance underwriting company. (<i>Provide</i> certificate of insurance evidencing this insurance, showing NTA as certificate holder).							
And at least ONE of the following qualifying criteria: (check one that applies to Applicant and provide proper documentation).								
certificate of insurance evidencing this insurance	Maintain professional liability insurance with minimum limits of US\$1,000,000 with a reputable insurance underwriting company. (<i>Provide</i> certificate of insurance evidencing this insurance, showing NTA as certificate holder.)							
company. (Provide certificate of insurance evidence)	Maintain hired/non-owned auto/motorcoach liability insurance with minimum limits of US\$1,000,000 with a reputable insurance underwriting company. (<i>Provide</i> certificate of insurance evidencing this insurance, showing NTA as certificate holder.)							
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NTA" form available on NTAonline.com.)								
☐ Provide each and every customer with compreh	·							
Membership Requirements for Companies Based Outside North America								
An Applicant with a principal business office located outside North America shall comply with at least <i>TWO</i> of the following qualifying criteria (check <i>two</i> that apply and provide proper documentation).								
Maintain commercial general liability insurance coverage of the company's operations, with a reputable insurance underwriting company, with minimum limits aggregate annually as determined by NTA to be reasonable and appropriate. (<i>Provide</i> certificate of insurance evidencing								
this insurance, showing NTA as certificate holder.)								
☐ Maintain professional liability insurance with minimum limits as determined by NTA to be reasonable and appropriate with a reputable insurance underwriting company. (<i>Provide</i> certificate of insurance evidencing this insurance, showing NTA as certificate holder.)								
☐ Maintain hired/non-owned auto/motorcoach li								
with a reputable insurance underwriting company (<i>Provide</i> certificate of insurance evidencing this insurance, showing NTA as certificate holder).								
☐ Has a minimum of three years in business as a to								
Maintain and use a program for the escrow of co NTA" form available on NTAonline.com.)								
Maintain ISO 9001:2000 certification. (<i>Provide</i> copy of ISO 9001:2000 Certificate.)								
☐ Maintain membership in good standing in a travel-related association. Identify association:								
Provide each and every customer with compreh underwritten by a reputable insurance compan		ellation and trip interruption insurance),						
Integrity Acknowledgments (please acknowle	dge Applicant's agreement to and with the follow	ving statements by initialing the items below):						
	nt, and no member of the Applicant's senior man							
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 meets 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.								
	insolvent during the 12 months following the da							
Membership and Payment Authorization								
Membership	Membership Expiration	Dues						
☐ National Tour Association	Dec. 31, 2024	US \$650						
☐ Faith Travel Association Benefit	Dec. 31, 2024	US \$99						
Faith Travel Association contact (if different than NTA contact on Page 1) Total Amount Due US \$								
o Mr. oMs. First Name:Last Name:								
Title:Contact Email:								

Method of Payment								
☐ Check or money order made payable to NTA is end	losed.	ment						
☐ 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 Cod	e of Ethics and Pro	fessional Respo	nsibility					
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 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, here has not suppressed or misstated any facts, or omitted								
Applicant, by its duly authorized representative, acknown commit fraud, which is in direct conflict with the NTA	owledges and is aware							
Applicant, by its duly authorized representative, affirm and affirms to NTA that Applicant meets and through by the NTA Code of Ethics and Professional Responsib	out Applicant's membe							
Printed Name:		Title:						
Signature of Authorized Representative of Applicant: $\underline{}$				Date:				
For European Union members only								
☐ Yes , I give NTA consent to keep me informed	through email news	and updates, kee	ping the associatio	n compliant with the				
European Union's General Data Protection Regulation. Please check box.								

Return completed application and payment to:

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

head quarters @ntast aff.com