



## 2017–2018 DMO Membership Application

National Tour Association  
101 Prosperous Place, Suite 350  
Lexington, KY 40509 USA

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

All applicants must meet the following requirements for membership. See NTAonline.com for specific description of requirements.

- 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.

### Where did you hear about us?

- Member referral – Name: \_\_\_\_\_  
Organization: \_\_\_\_\_
- Publication – Name: \_\_\_\_\_
- Website (NTAonline.com)
- Met NTA representative at trade show – Name of show: \_\_\_\_\_
- NTA solicitation by mail, fax, phone, social media or email
- Other: \_\_\_\_\_
- The destination is a former NTA member

### Why did you join?

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

### General Information

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

Primary Contact:  Mr.  Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

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

Secondary Contact:  Mr.  Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

C-level Contact:  Mr.  Ms. 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 \_\_\_\_\_

### Important Information and Dates:

- Upon approval of your membership application, membership dues become non-refundable.
- Business appointments may be offered at Travel Exchange and other events, however, the payment of membership dues are not contingent on scheduling of appointments and therefore, a refund of membership dues will not be given to those companies who do not receive appointments.

List the specific company names of 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 prescheduled appointments in the Destination Pavilion at Travel Exchange.

Membership Term*	Membership Expiration	Fee
<input type="checkbox"/> Best Value	Dec. 31, 2018	US \$1,175
<input type="checkbox"/> Faith Travel Association Add-on** (Includes 2018 Membership)	Dec. 31, 2018	US\$ 298

\*Prices valid for applicants who have not been members since December 2016

\*\*Represents a 25% savings for 2017 and a 25% savings for 2018 membership

Total Amount Due US \$ \_\_\_\_\_

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.

#### Sign and return to NTA Headquarters

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: \_\_\_\_\_

#### Return completed application and payment to: NTA Membership Department

101 Prosperous Place, Suite 350

Lexington, KY 40509 USA

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