



2018 NTA Associate Membership Application

101 Prosperous Place, Suite 350
Lexington, KY 40509 USA
800.682.8886 • NTAonline.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, 2018.
Upon approval of your membership application, membership dues become non-refundable.
Membership is held by the Associate member company, not an individual representative.
Applications must be received with all required documentation and payment prior to April 30, 2018, to be listed in the printed NTA Membership Directory. Members joining after this date are included in the online directory.

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, 2018	US \$490
<input type="checkbox"/> Faith Travel Association Benefit	Dec. 31, 2018	US \$199

Dues amount listed above is valid for 2018 membership year.

Total amount due US \$ \_\_\_\_\_

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

oMr. 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:**

- 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 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.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Representative of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application and payment to:**

National Tour Association  
 Attn: Membership Department  
 101 Prosperous Place, Suite 350  
 Lexington, KY 40509 USA  
 800.682.8886 (U.S. & Canada) • +1.859.264.6540  
 +1.859.264.6570 fax • NTAonline.com