



2020 Educator Membership Application

headquarters@ntastaff.com

Requirements for NTA Educator Membership:

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

- An educational group or representative of such, which or whom engages in educational or research activities in the areas of travel and tourism, is eligible for membership as an Educator Member of the corporation. Individual Educator Members must be actively employed by a certified educational or diploma granting institution.
• There shall be a limit of one individual Member from each such institution, and non-individual Educator Members must be accredited or licensed to operate under appropriate governmental authority.

Important Information and Dates (please read):

- Membership is subject to renewal after Dec. 31, 2020.
• Upon approval of your membership application, membership dues become non-refundable.

Who can we thank for referring you to NTA? _____

General Information

Organization Name: _____
Primary Contact: oMr. oMs. First Name: _____ Last Name: _____
Title: _____
Address: _____ City: _____
State/Province: _____ Country: _____ Zip Code: _____
Telephone: _____ Toll Free: _____ Fax: _____
Web Address: _____ Contact Email: _____
Physical Address, if different: _____
Nature of business/organization description: _____

List any trade affiliations: _____

This institution provides a (select one):

- One-year certificate program Two-year program Four-year program Graduate program

The institution is (select one):

- Accredited Licensed

Name of accreditation or licensing agency: _____

Membership and Payment Authorization

Select Your Membership	Membership Expiration	Dues
<input type="checkbox"/> National Tour Association	Dec. 31, 2020	US \$160
<input type="checkbox"/> Faith Travel Association Benefit	Dec. 31, 2020	US \$49

Dues amount listed above is valid for 2020 membership year.

Total Amount Due US \$ _____

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 generic 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:

- 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 Educator 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, keeping the association 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
 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 • headquarters@ntastaff.com