



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, 2021.
• 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.

Table with 3 columns: Select Your Membership, Membership Expiration, Dues. Rows include National Tour Association and Faith Travel Association Benefit.

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 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
 101 Prosperous Place, Suite 190 | Lexington, KY 40509 USA
 800.682.8886 (U.S. & Canada) • +1.859.264.6540
 +1.859.264.6570 fax • NTAonline.com • headquarters@ntastaff.com