

2025 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 referring y			
General Information			
Organization Name:			
			ne:
Title:			
			ty:
State/Province:	Country:		Zip Code:
			Fax:
Web Address:	Cc	ontact Email:	
Physical Address, if different:			
			me:
			Name:
Title:	C	ontact Email:	
Nature of business/company descrip	tion:		
Applicant is: O For Profit Organia	zation O Non-profit Orgar	nization	
Is Applicant a Sole Proprietorship?	Yes O No		
Please provide the name(s) and addreshareholders. Attach separate sheet Name 1:	if needed.		le proprietor, partners, members or
City, State & Country of Residence: _			
Name 2:			
City, State & Country of Residence: _			<u> </u>
* A person is considered a be	eneficial owner if they own :	10% or more of the equ	uity interest in the applying company.
General Membership Requireme	nts		
with the following membership requirem	nents may be considered for N	TA tour operator member	rporated organization or association which complies ership (complete membership requirements and quirements and standards by checking the boxes:
Applicant actively engages in the bu for an inclusive price) on a for-profit			tiple component travel that is promoted and sold ebsite address).

Applicant is in compliance with all laws, rules and regulations and is duly qualified and licensed to do business in each jurisdiction that requires

such qualification or licensing.

Membership Requirements for North American-based Companies

Please move to the next section if Applicant does not have a principal business office in North America.	
--	--

Applicant with a principal business office located in North America shall comply with the following qualifying criteria: Maintain commercial reports liability incurance coverage of the company's expertions, with minimum limits of US\$1,000,000 aggregates.								
· · · · · · · · · · · · · · · · · · ·	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	a: (check one that applies to Applicant and provi	de proper documentation).						
	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 evid	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.)							
	Has a minimum of three years in business as a tour operator. Date founded: Maintain and use a program for the escrow of consumer deposits and prepayments. (<i>Provide</i> completed "Certification of Escrow of Funds to NTA" form available on NTA online com.)							
☐ Maintain ISO 9001:2000 certification. (<i>Provide</i>	copy of ISO 9001:2000 Certificate.)							
Membership Requirements for Companie	s Based Outside North America							
An Applicant with a principal business office located criteria (check <i>two</i> that apply and provide proper do		TWO of the following qualifying						
☐ 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 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). Has a minimum of three years in business as a t	tour operator. Date founded:							
· ·	consumer deposits and prepayments. (Provide co	mpleted "Certification of Escrow of Funds to						
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 tra								
Provide each and every customer with compre underwritten by a reputable insurance compar	hensive travel protection insurance (i.e. trip canc าy.	ellation and trip interruption insurance),						
Integrity Acknowledgments (please acknowledgments)	edge Applicant's agreement to and with the follow	ving statements by initialing the items below):						
a felony, or been the subject of a pending	nt, and no member of the Applicant's senior man criminal felony allegation, nor have filed, or had or any state or province insolvency laws during th	filed against it, him or her, as the case may be,						
The Applicant is currently able to meets its	s financial obligations and has no reasonable exp vinsolvent during the 12 months following the da	te this application is filed.						
Membership and Payment Authorization								
Membership	Membership Expiration	Dues						
☐ National Tour Association	Dec. 31, 2025	US \$650						
☐ Faith Travel Association Benefit	Dec. 31, 2025	US \$99						
Faith Travel Association contact (if different th	nan NTA contact on Page 1) Total Amo	ount Due US \$						
o Mr. oMs. First Name:Last Name:								
Title:	Contact Email:							
Contact Phone:								

Method of Payment				
☐ Check or money order made payable to NTA is end	losed.	nent		
☐ 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: ——Authorize	ed Signature:			
NTA Cod	le of Ethics and Pro	fessional Respo	onsibility	
NTA's Code of Ethics consists of the following at the entire Code of Ethics can be found on				

Return completed application and payment to:

European Union's General Data Protection Regulation. Please check box.

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

head quarters @ntast aff.com