



2025 Tour Supplier Membership Application

headquarters@ntastaff.com

Requirements for NTA Tour Supplier Membership:

All applicants must meet the following requirements for membership.

- Be engaged in the business of marketing or providing packaged travel components.
• Be in compliance with applicable laws, rules, regulations and is properly licensed to do business.
• Can be for-profit or non-profit.
• 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, 2025.
• Upon approval of your membership application, membership dues become non-refundable.
• Business appointments may be offered at Travel Exchange and other events, 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/Owner: oMr. oMs. First Name: _____ Last Name: _____

Title: _____ Contact Email: _____

- A. Are you in compliance with all applicable federal, state, national, provincial or local laws and regulations?
o Yes o 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?
o Yes (If yes, provide details on separate sheet.) o No

Category (select one):

- o Airline o Casino o Motorcoach o Sightseeing o DMC o Railroad o Rental Car o Hotel
o Multiple Services o Passenger Vessel o Restaurant o Attraction (type : _____)

Total number of properties/entities/locations represented by membership: _____

Membership and Payment Authorization

Select Your Membership Type	Membership Expiration	Dues
Individual Tour Supplier representing 1 property, entity or location. <u>One</u> tour supplier participant will be eligible for prescheduled appointments during the Supplier Exchange. This registration fee is an additional charge.		
<input type="checkbox"/>	Dec. 31, 2025	US \$825
Multiple Tour Supplier representing 2–5 properties, entities or locations. <u>Two</u> participants will be eligible for prescheduled appointments during the Supplier Exchange. Each registration fee is an additional charge.		
<input type="checkbox"/>	Dec. 31, 2025	US \$1,235
Multiple Tour Supplier representing 6–24 properties, entities or locations. <u>Two</u> participants will be eligible for prescheduled appointments during the Supplier Exchange. Each registration fee is an additional charge.		
<input type="checkbox"/>	Dec. 31, 2025	US \$1,445
Corporate Tour Supplier representing 25+ properties, entities or locations. <u>Three</u> participants will be eligible for prescheduled appointments during the Supplier Exchange. Each registration fee is an additional charge.		
<input type="checkbox"/>	Dec. 31, 2025	US \$2,165

Faith Travel Association

Benefit

US \$199

Faith Travel Association contact (if different from NTA contact)

Total Amount 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 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:

- 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. 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, 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 | PO Box
910881/Lexington, KY
40591/859.264.6540