



2026 Associate Membership Application

headquarters@ntastaff.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, 2026.
Upon approval of your membership application, membership dues become non-refundable.
Membership is held by the Associate member company, not an individual representative.

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: \_\_\_\_\_
Website: \_\_\_\_\_ Contact Email: \_\_\_\_\_
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: \_\_\_\_\_

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, 2026	US \$720
<input type="checkbox"/> Faith Travel Association Benefit	Dec. 31, 2026	US \$199

**Faith Travel Association contact (if different than NTA contact on Page 1)** **Total amount due US \$** \_\_\_\_\_

Mr. / Ms. 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 codes. Each general code has several specific subdivisions, which set forth clarifications and specific principles of the general code (which are too lengthy to be set forth, however, which are incorporated by this reference). The entire NTA Code of Ethics and Professional Responsibility can be found at [www.NTAonline.com](http://www.NTAonline.com).

**Preamble:** The National Tour Association requires that its members treat others in a respectful, professional manner, in accordance with the NTA Code of Ethics and Professional Responsibility, and for them to be inclusive of people of all backgrounds and abilities, regardless of race, ethnicity, gender expression, sexual orientation, neurodiversity, political affiliation, or faith/religion.

All NTA members, both the member organization and its duly appointed representatives, are obliged to follow these codes. NTA members shall be guided in all professional and personal activities by truth, accuracy, honesty, fairness, and integrity, which shall promote public confidence in NTA.

**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.

**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.*

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

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

**Return completed application and payment to:**

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