



2026 Travel Advisor 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. Upon receipt and confirmation of accompanying documentation, NTA will provide an update related to your application status and membership.

Do you conduct, arrange or operate packaged travel, or package AND sell two or more components of travel for an inclusive price? If so, this qualifies Applicant as an NTA tour company member. Please let us know, and we can ensure you have the correct membership application.

Who can we thank for referring you to NTA? \_\_\_\_\_

General Information

Organization Name: \_\_\_\_\_
Primary Contact: Mr. Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Title: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Telephone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_
Web Address: \_\_\_\_\_ Contact Email: \_\_\_\_\_
Physical Address, if different: \_\_\_\_\_
Secondary Contact: Mr. Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_
Executive-level/Owner: Mr. Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_
Nature of business/company description: \_\_\_\_\_

If the Applicant conducts business and desires its NTA membership under an assumed name or identity other than the one above, please list below the name(s) and address(es) of all assumed names and other identities. Indicate the nature of business conducted for each, and attach a duly filed assumed name certificate for all (in states where required).

\_\_\_\_\_
\_\_\_\_\_

Applicant is: For Profit Organization Non-profit Organization

Is Applicant a Sole Proprietorship? Yes No

Please provide the name(s) and address(es) of Applicants' Beneficial Owner(s)\*, i.e., sole proprietor, partners, members or shareholders. Attach separate sheet if needed.

Name 1: \_\_\_\_\_
City, State & Country of Residence: \_\_\_\_\_
Name 2: \_\_\_\_\_
City, State & Country of Residence: \_\_\_\_\_

\* A person is considered a beneficial owner if they own 10% or more of the equity interest in the applying company.

## General Membership Requirements

Any sole proprietorship, partnership, firm, trust, limited liability company, corporation, unincorporated organization or association which complies with the following membership requirements may be considered for NTA travel planner membership (complete membership requirements and standards are available at NTAonline.com). Registrant complies with the following general requirements and standards by checking the boxes:

- Applicant actively engages in the business of selling tours and travel packages that are produced and operated by a third party on a for-profit basis.
- Applicant does not qualify for any other NTA membership and does not conduct, arrange or operate packaged travel, nor package and sell two or more components of travel for an inclusive price on a for-profit basis. (Doing so qualifies Applicant as an NTA tour company member.)
- 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.

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## 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. Check if applicable.

An Applicant with a principal business office located in North America shall comply with the following qualifying criteria.

- Maintain comprehensive general public liability insurance coverage or professional errors and omissions insurance coverage with minimum limits of US\$500,000 for each occurrence with a reputable insurance underwriting company (*Provide* certificate of insurance evidencing this insurance, showing NTA as certificate holder).

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## Membership Requirements for Companies Based Outside North America

An Applicant with a principal business office located outside North America shall comply with at least *one* of the following qualifying criteria (check *one* that applies and provide proper documentation).

- Maintain comprehensive general public liability insurance coverage with minimum limits for each occurrence with a reputable insurance underwriting company in coverage amounts as determined by NTA to be reasonable and appropriate. (*Provide* certificate of insurance evidencing this insurance, showing NTA as certificate holder.)
- Maintain professional liability, errors and omissions insurance with minimum limits as determined by NTA to be reasonable and appropriate with a reputable insurance underwriting company. (*Provide* 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 (*Provide* certificate of insurance evidencing this insurance, showing NTA as certificate holder).
- Has a minimum of three years in business as a travel planner/travel agent. Date founded: \_\_\_\_\_
- Maintain and use a program for the escrow of consumer deposits and prepayments. (*Provide* completed "Certification of Escrow of Funds to NTA" form available on NTAonline.com.)
- Maintain ISO 9001:2000 certification. (*Provide* copy of ISO 9001:2000 Certificate.)
- Maintain membership in good standing in a travel-related association. Identify association: \_\_\_\_\_
- Provide each and every customer with comprehensive travel protection insurance (i.e. trip cancellation and trip interruption insurance), underwritten by a reputable insurance company.

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## Integrity Acknowledgments (please acknowledge Applicant's agreement to and with the following statements by initialing the items below):

\_\_\_\_\_ The Applicant, the owner(s) of the Applicant, and no member of the Applicant's senior management team, each has not been convicted of a felony, or been the subject of a pending criminal felony allegation, nor have filed, or had filed against it, him or her, as the case may be, a petition under federal bankruptcy laws or any state or province insolvency laws during the five (5) years immediately preceding the date of application.

\_\_\_\_\_ The Applicant is currently able to meet its financial obligations and has no reasonable expectation that it will not be able to meet its financial obligations or become financially insolvent during the 12 months following the date this application is filed.

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## Membership and Payment Authorization

Membership	Membership Expiration	Dues
<input type="checkbox"/> National Tour Association	Dec. 31, 2026	US \$475
<input type="checkbox"/> Faith Travel Association Add-on Benefit	Dec. 31, 2026	US \$89

Total Amount Due US \$ \_\_\_\_\_

**Faith Travel Association contact (if different than NTA contact on Page 1)**

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 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.

Applicant, by its duly authorized representative, affirms to NTA that Applicant understands the requirements of NTA Travel Planner 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: \_\_\_\_\_

**Return completed application and payment to:**

National Tour Association  
Attn: Membership Department  
PO Box 910881/Lexington, KY  
40591/859.264.6540  
[headquarters@ntastaff.com](mailto:headquarters@ntastaff.com)