



2012 Associate Membership Application

101 Prosperous Place • Suite 350
Lexington, KY 40509
800.682.8886 • www.NTAonline.com

Requirements for NTA Associate Membership

All applicants must meet and/or submit the following requirements for membership. See www.NTAonline.com for specific description of requirements.

- a. The organization/business must provide a product/service that enhances the quality/safety of tour operations.
- b. The organization/business must not be eligible for membership in another category of NTA membership.
- c. The organization/business must be in compliance with applicable governmental regulations.

Important Information and Dates (please read):

- o Please type or print legibly all required information. Application information is valid for six months.
- o Membership is based on a calendar year and is subject to renewal after January 31st of 2013.
- o All applicants will be notified upon completion of the application process.
- o Upon approval of your membership application, membership dues become non-refundable.
- o Membership is held by the Associate member company, not an individual representative.
- o Applications must be received with all required documentation and payment prior to the last working day in **February** to be listed in NTA's printed *Membership Directory*.

Where did you hear about us?

- o Member referral – Name: _____
Company: _____
- o Publication – Name: _____
- o Web site (NTAonline.com)
- o Met NTA representative at trade show – Name of show: _____
- o NTA solicitation by mail, fax, phone or e-mail
- o Other: _____

Why did you join? (Select One)

- o Business-to-business buying and selling opportunities
- o Research and information
- o Professional development / education
- o China Inbound Program
- o Advocating / lobbying and legislative issue representation
- o Corporate partner discounts

Applicant's (Company's) Name: _____

Primary Contact: Mr. Ms. First Name: _____ Last Name: _____

Title: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Zip Code: _____

Telephone: _____ Toll Free: _____ Fax: _____

Web Address: _____ Contact E-mail: _____

Physical Address, if different: _____

Company/Product/Service Description (Explain how your company enhances the quality/safety of tour operators.):

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 Term and Payment Authorization

	Membership Term	Membership Expiration	Fee
<input type="checkbox"/>	Full Year	Jan. 31, 2013	US \$465

Dues amounts listed above are valid for 2012

Total Amount Due US \$ _____

Method of Payment

Check or money order made payable to NTA is enclosed.

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: _____ Authorized Signature: _____

NTA Code of Ethics and Professional Responsibility

NTA's Code of Ethics consists of the following generic codes. Each general code has several specific sub-sections. The entire Code of Ethics can be found on www.NTAonline.com.

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 declares that the statements contained in this application are true and correct and the applicant acknowledges that knowingly giving misinformation or false information is to commit fraud, which is in direct conflict with the NTA Code of Ethics and Professional Responsibility. By signing this application, Applicant agrees to abide by the NTA Code of Ethics and Professional Responsibility, and Applicant understands that Applicant can use the NTA logo solely for the Applicant identified herein.

Signature of Authorized Representative of Applicant

Title

Printed Name

Date

Return completed application and payment to:

NTA Attn: Member Relations Department

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+1.859.264.6570 fax

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