



Application for NTA Educator Membership

Requirements for NTA Educator Membership

All applicants are required to meet and/or submit the following requirements for membership:

- Individuals applying for membership in this category must be actively employed in the capacity of a teacher, administrator or researcher in a degree-, certificate-, or diploma-granting institution.
- The educational institution must be accredited or licensed to operate by the appropriate provincial, state or national educational authority. In the event that an institution provides certificate programs in areas other than travel and tourism, the individual travel/tourism curriculum must be accredited.
- A letter from an authority of the department, division or accrediting authority that recommends (authorizes) the individual to be accepted for membership must be submitted. The letter must include an outline of the representative's activities (e.g. course load, research, student advisory responsibilities, etc.)
- Each membership shall entitle a single representative from that institution to receive the benefits of membership in the association.
- Resume of applicant must be submitted with application.
- Tourism course curriculum/listing must be submitted with application.

Important Information and Dates (please read):

- Please type or print legibly all required information. Application information is valid for six months.
- Membership is based on a calendar year and is subject to renewal after December 31st of this year. Please choose either full-year or half-year's dues below based on the time of year that you are applying.
- All applicants will be notified upon completion of the application process.
- Upon approval of your membership application, membership dues become non-refundable.
- Applications must be received with all required documentation and payment prior to the last working day in **February** to be listed in NTA's Member *Directory*.

What prompted you to join NTA?

- _____ Publication (please name): _____
- _____ Guest program (location/date): _____
- _____ Industry Colleague (name): _____
- _____ Web Site (www.NTAonline.com)
- _____ Other: _____

Fees

Annual Dues: _____ \$135 November 1, 2009 through December 31, 2010

_____ \$68 July 1, 2010 through December 31, 2010

Total Amount Due: _____ Must be U.S. funds and accompany the application.

** Half-year dues apply to applications received between June 1 and December 31.

- Check/money order is enclosed.
- Charge this NTA membership to my (circle one): Discover Visa American Express MasterCard

Card Number: _____ Exp: ____/____ Name on Card: _____

General Information

Company Name: _____

Contact Name/Title: _____

Phone: _____ Toll Free: _____ Fax: _____

Mailing Address: _____

City/State/Province: _____ Zip/Postal Code: _____

Physical Address (if different): _____

Country: _____ E-mail: _____

Web Site Address: _____

Nature of business/company description: _____

List any trade affiliations: _____

This institution provides a (please circle):

One-year certificate program Two-year program Four-year program Graduate program

The institution is (please circle):

Accredited Licensed

Name of accreditation or licensing agency: _____

NTA Code of Ethics and Professional Responsibility

NTA's Code of Ethics consists of the following general codes. Each general code has several specific sub-parts. The entire Code of Ethics can be found on www.NTA.online.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:

- ◆ 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.

Sign and Return to NTA Headquarters

I have read and fully understand the membership requirements. In addition, I agree to support the ideals of NTA its bylaws and code of ethics.

Name (Please print): _____ Title: _____

Signature: _____ Date: _____

Return completed application and payment to:

**NTA ♦ Attn: Marketing Department ♦ 546 E. Main St. ♦ Lexington, KY 40508 USA
1.800.682.8886 ♦ fax - +1.859.226.4414 ♦ www.NTAonline.com**