



DMO Membership Application

Requirements for NTA Destination Marketing Organization (DMO) Membership

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

Local, regional, state or national destination marketing organizations are eligible for DMO membership if they meet the following criteria:

- Be a destination marketing organization for a city, state/province, region, area or country whose primary purpose is the promotion of the destination.
- Be representative of at least three of the multiple components (lodging, attractions, restaurants, etc.) of the travel and tourism industry within a city, state/province, region, area or country.
- Be a non-profit organization, governmental agency or instrumentality.

Important Information and Dates:

- Upon approval of your membership application, membership dues become non-refundable.
- Membership is held by the member company, not an individual representative.
- Membership is based on a calendar year. Applicants joining after July 1st can select an expiration date of the current year, or in the subsequent year.
- 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*.
- Business appointments may be offered at NTA's Annual Convention and other events, however, the 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 who do not receive appointments.

What prompted you to join NTA? (Check all that apply.)

- Publication – please name: _____
- Industry colleague – name: _____ Company: _____
- Guest program – location: _____
- Website (www.NTAonline.com)
- Met NTA representative at trade show – name of show: _____
- NTA solicitation by mail, fax, phone, or e-mail
- Other _____

General Information (Please type or print.)

- Company Name: _____
- Primary Contact: 'Mr.' 'Ms. First Name: _____ Last Name: _____
- Title: _____
- Address: _____
- City: _____ State/Province/Country: _____ Postal Code: _____
- Telephone: _____ Toll Free: _____ Fax: _____
- Web Address: _____ Contact E-mail: _____
- Physical address, if different: _____
- Identify name(s) of Applicant's CEO/Owner: _____
- Provide e-mail address for CEO/Owner: _____

For U.S. applicants please indicate the federal tax form number annually submitted to the Internal Revenue Service (your organization must be a nonprofit organization, governmental agency or instrumentality):

90/990-T _____ 1120 _____ Other _____

List, by specific companies, the names of three types of entities represented by your organization (e.g., attractions, restaurants, hotels, etc.)

1. _____
2. _____
3. _____

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 on NTA's Web site (www.NTAonline.com).

Preamble: The 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

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 understands the requirements of NTA Membership and agrees to support the ideas of NTA, its bylaws and Code of Ethics and Professional Responsibility.

Signature of Authorized Representative of Applicant

Title

Printed Name

Date

Level of Membership and Payment Authorization

| DMO | | | |
|--|------------------------------------|------------------------------|------------|
| Select your preferred membership term | Date of Application | Membership Expiration | Fee |
| <input type="checkbox"/> | Nov. 1, 2009 through June 30, 2010 | December 31, 2010 | US\$625 |
| <input type="checkbox"/> | July 1, 2010 through Oct. 31, 2010 | December 31, 2010 | US\$470 |
| <input type="checkbox"/> | July 1, 2010 through Oct. 31, 2010 | December 31, 2011 | US\$930 |

Dues amounts listed above are valid for 2010**Total Amount Due \$_____**

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

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

Billing address for credit card: _____ City: _____

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

Authorized Signature: _____

Return completed application and payment to:**NTA • Attn: Membership Department • 546 E. Main St. • Lexington, KY 40508 USA
1.800.682.8886 (USA and Canada) • +1.859.226.4444 • +1.859.226.4414 fax • www.NTAonline.com**

3/16/2010