



## 2011 Tour Operator Membership Application

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, this application will posted on [www.NTAonline.com](http://www.NTAonline.com) for a 14 day review period for member comment prior to acceptance into membership.

### General Information

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: \_\_\_\_\_  
 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).

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

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

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

*\* A person is considered a beneficial owner if they own 10% or more of the equity interest in Applicant, either in the person's or entity's own name or in the name of other for the benefit of such person or entity.*

Applicant is:  Sole Proprietorship  General Partnership  Limited Partnership  Corporation  
 Limited Liability Company or Partnership  Other, please specify \_\_\_\_\_

List state/province and country of organization: \_\_\_\_\_

Applicant is:  For profit Organization  Non-profit Organization

### What prompted you to join NTA?

\_\_\_\_ Publication – name: \_\_\_\_\_  
 \_\_\_\_ Web site ([www.NTAonline.com](http://www.NTAonline.com))  
 \_\_\_\_ Met NTA representative at trade show – name of show: \_\_\_\_\_  
 \_\_\_\_ NTA correspondence by mail, fax, phone, or e-mail  
 \_\_\_\_ Other \_\_\_\_\_

Were you referred by an NTA member? If so, who can we thank? \_\_\_\_\_

**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 tour operator membership (complete membership requirements and standards are available at [www.NTAonline.com](http://www.NTAonline.com)).

- Applicant actively engages in the business of conducting or arranging packaged travel (multiple component travel that is promoted and sold for an inclusive price) on a for-profit basis (include company brochure, tour itinerary or Web site address).
- 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.
- Applicant employs, in a senior management position, an individual in a full-time position (30+ hours/week) who has been actively engaged in the business of developing, packaging, promoting, selling and operating packaged travel for at least three consecutive years in the ten year period immediately prior to the date of this application.

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

Date of Hire: \_\_\_\_\_ Number of Years in Travel Industry: \_\_\_\_\_

**Membership Requirements for North American-Based Companies**

An Applicant with a principal business office located in North America shall comply with the following qualifying criteria (check all that apply). Please move to the next section if Applicant does not have a principal business office in North America.

- Maintain comprehensive general public liability insurance coverage with minimum limits of US\$1,000,000 for each occurrence with a reputable insurance underwriting company (Provide certificate of insurance evidencing this insurance, showing NTA as certificate holder).

**And at least one of the following qualifying criteria: (check all that apply to Applicant).**

- Maintain professional liability, errors and omissions insurance with minimum limits of US\$1,000,000 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 of US\$1,000,000 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 tour operator. 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 [www.NTAonline.com](http://www.NTAonline.com).)
- Maintain ISO 9001:2000 certification. (Provide copy of ISO 9001:2000 Certificate.)
- Provide each and every customer with comprehensive travel protection insurance (i.e. trip cancellation and trip interruption insurance), underwritten by a reputable insurance company.

**Membership Requirements for Companies Based Outside North America**

An Applicant with a principal business office located outside North America shall comply with at least two of the following qualifying criteria (check all that apply).

- 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 tour operator. 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 [www.NTAonline.com](http://www.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.

**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.

**Membership Fees and Payment**

Membership Term	Application Received	Membership Expiration	Fee
<input type="checkbox"/>	Nov. 1, 2010 through June 30, 2011	December 31, 2011	US\$475

NTA's membership term runs January 1<sup>st</sup> through December 31<sup>st</sup>. Total Amount Due: US\$ \_\_\_\_\_

**Payment Type**

Check or money order made payable to NTA 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: \_\_\_\_\_

Security Code: \_\_\_\_\_ 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 sub-sections. The entire Code of Ethics can be found on [www.NTAonline.com](http://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:**

- 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.

**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 • 546 E. Main St. • Lexington, KY 40508 USA**  
**Phone: +1.859.226.4444 or 800.682.8886 (U.S. and Canada) • Fax: +1.859.226.4414**