



ALLIED MEMBERSHIP APPLICATION

ALLIED MEMBERSHIP is available to those organizations who don't meet the description of Active (tour operator) or Associate (supplier) organizations

LEGAL COMPANY NAME

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TRADE OR DBA COMPANY NAME *(As you would like it to appear in all SYTA listings)*

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PHYSICAL MAILING ADDRESS *(Will be printed in publications and published online)*

Street Address			
City		State	Zip
Telephone	Extension	Fax	
General 800 #	Website	Email	
Facebook Page Title		Twitter Handle @	

FOR ANY QUESTIONS, please contact SYTA Membership at **703-610-1263** or **membership@syta.org**

COMPANY DESCRIPTION *Please provide a 25-50 word company description to be used in the SYTA membership directory and online resource*

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COMPANY MEMBER TYPE (see list below) Please provide one (1) member type that fits your company best.

Allied Organization Type

Advertising Agency	Educational Facility	Meeting Facilities	Technology
Art Galleries	Entertainment	Motorcoach Operator	Theater- Broadway
Association	Entertainment Agencies	Museum	Theater- Dinner
Attractions- Educational	Festival	Not For Profit	Theater- Off Broadway
Attractions- Fun	Foundation	Other	Theater- Regional
Camp	Government Agency	Performing Arts Organization	Theater-Ticket Broker
Caterer	Historic Sights & Neighborhood	Printer	Theme/Water/Amusement Park
Communications	Hotel	Pro Sports	Tour Operator
Consulting	Hotel Chain/Management Group	Professional Society	Transportation
Corporation	Hotel/Meeting Facility	Railroads	Venue- Amphitheater
Council	Insurance	Receptive Operator	Venue- Arena
Cruise- Dining	Limo/Car Rentals	Recreation	Venue- Stadium
Cruise- Overnight	Local Sightseeing	Restaurant	Venue- Theater
Cruise- Sightseeing	Lodging- Hostel	Retail	Wholesaler
CVB- Government Designated	Lodging- Hotel	Salon/Spa	Wholesaler- Distributor
CVB- Private	Lodging- Other	Security Guards	
Destination Management Service	Manufacturer- Supplier	Special Events	
Distributor	Media	State Agency	

LIST OF COMPANY CONTACTS (As you would like it to appear in all SYTA listings)

Primary Contact: listed in the directory and serves as the "Designated Representative" for your company

Billing Contact: person who should receive billing information or invoice(s)

Directory Contact: person who will be listed in the Membership Directory and Online Resource Guide


Primary Contact	Title
Email	Phone
Billing Contact	Title
Email	Phone
Directory Contact	Title
Email	Phone


ADDITIONAL CONTACTS Add the following staff to receive SYTA membership benefits


Contact Name	Title
Email	Phone
Contact Name	Title
Email	Phone
Contact Name	Title
Email	Phone

REFERRAL I was referred by:

ASSOCIATE MEMBERSHIP REQUIREMENTS Please initial all below:

 I have read and agreed to comply with the SYTA Code of Ethics (sign affirmation here).

 I agree to maintain good financial standing with SYTA (sign affirmation here).

 I will submit a copy of certificate of incorporation/other document establishing legal name (sign affirmation here).

Please submit the name of (1) business reference from the tourism industry.

Reference Name: _____ Phone: _____

Company: _____

 My company has an established mailing address (sign affirmation here).

SYTA's Code of Ethics: Honesty and Integrity: SYTA members shall conduct business in a manner reflecting honesty, honor and integrity. **Truth in Advertising:** SYTA members shall be accurate and truthful in representing products and services in all offerings, advertisements, and promotions. **Disclosure:** SYTA members shall disclose in writing to the contracted party all terms, conditions, inclusions and policies of the agreed-to services. **Commitment to Satisfaction:** SYTA members shall strive to resolve all disputes and concerns between its company and its clients. **Professional Conduct:** SYTA members shall conduct their business activities in a professional manner with the general public. **Diversity:** SYTA members recognize the importance of diversity and will strive to incorporate, promote, and embrace each person's value and contribution through education, recruitment and sensitivity. **Compliance with Law:** SYTA members shall conduct their business in compliance with all applicable state/province and country laws and regulations. **Pledge of Loyalty:** SYTA members shall pledge loyalty to the Association and agree to pursue and support its objectives.

Discrimination Policy: SYTA shall not discriminate against any person on the basis of race, color, ethnic ancestry, national origin, religion, creed, age, gender, sexual orientation, marital status, medical condition or physical disability. In addition, SYTA is committed to conducting all SYTA business consistent with this policy on non-discrimination.

Membership Pledge: By my signature on this application, I certify that all statements made herein are true and accurate and I agree to abide by the SYTA Code of Ethics and made every attempt to meet the requirements of the membership criteria. I certify that my company has an established mailing address. **I understand that I have 60 days from the date my application is received at the SYTA office to complete the application process, and that my company is not entitled to a refund of membership dues if the membership application process is not completed for any reason.** Once my application packet is complete, it will be forwarded to the Board of Directors for review and action. I also certify that I have the authorization to sign on behalf of this organization. Note: The membership runs from one full year from date of application.

Signature

Date

MEMBERSHIP DUES

Allied Membership + Annual Conference

Annual Membership Dues:	Complimentary
2018 Annual Conference Registration (1 appointment taker):	Complimentary
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Total:	Complimentary

Checks can be made payable to **SYTA**, or if paying by credit card, please complete the following information. A receipt will be emailed you when your credit card is charged. A welcome email and packet will be sent to you upon completion of your membership application.

Please forward this entire application with all required documentation and payment to:

SYTA
Attn: Membership
8400 Westpark Dr., 2nd Floor
McLean, VA 22102-5116

PAYMENT INFORMATION

Name as it appears on your card		
Credit Card Number		
Expiration Date	V-Code <i>(last 3 digits printed in back of card)</i>	
Billing Address for Card		
City	State	Zipcode
I authorize SYTA to charge my credit card the amount of: \$		
Signature		Date

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