

ACTIVE MEMBERSHIP



MEMBERSHIP APPLICATION

ACTIVE MEMBERSHIP is available to group travel planners, tour operators and travel agencies. For any questions, please contact SYTA Membership at **703-610-1263** or **membership@syta.org**.

ACTIVE MEMBERSHIP TYPE

- TOUR OPERATOR**
- GROUP TRAVEL PLANNER**
- TRAVEL AGENT**

LEGAL COMPANY NAME

TRADE OR DBA COMPANY NAME

As you would like it to appear in all SYTA listings.

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

Street Address

City State Zip Country

Telephone Fax

General 800 # Email

Website

Facebook Page Title Twitter Handle @

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

REFERRAL NAME I was referred by:

Company Name Email



YOUR SOURCE for All Things Student & Youth Travel
For more information, visit **syta.org** or call **703-610-1263**



ACTIVE MEMBERSHIP REQUIREMENTS Please confirm that your company fulfills these requirements by checking the box.

*Students are defined as less than 26 years of age.

Active (Please confirm the following):

- Your company has been in business for a minimum of three years *(required)*.
- Your company provides travel for a minimum of 750 students | **AND/OR** | earns annual gross revenue of \$500,000 from student/youth tours in the previous fiscal year.

Please check all that apply:

- Your company's principals have never have been convicted (or otherwise found guilty or pleaded no contest) of any offense involving fraud, deception, breach of trust, child abuse, or any felony.
- None of your company's principals have declared bankruptcy in the past five years.
- Your company is a single-business entity. Consortia, associations, or franchisers are not eligible; however, their individual entities may qualify.
- Your company has an established mailing address. May include P.O. Box.
- Your company complies with all laws, regulations, and licensing requirements applicable to the operation of your business.

REQUIRED BUSINESS DOCUMENTATION Please provide a copy of each with your application.




- Your company maintains Errors and Omissions (Professional Liability) insurance of no less than US \$1 million (or equivalent) per occurrence.
- Your company maintains General Liability insurance of no less than US \$1 million (or equivalent) per occurrence.
- You must submit a copy of the certificate of incorporation/other document establishing legal name.
- You must submit the name of (1) business reference from the tourism industry.

Reference Name

Company

Phone

PLEASE INITIAL ALL BELOW

-  _____ I understand that SYTA reserves the right at any time to ask for documentation to support any statements made in the membership application and the renewal application. Failure to supply any such documentation in a timely manner may lead to the rejection of an application or any other appropriate action by the SYTA Board of Directors.
-  _____ I have read and agree to comply with the SYTA Code of Ethics (*listed below*).
-  _____ I agree to maintain good financial standing with SYTA.

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.

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.

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

Digital signatures are acceptable and legally binding.

LIST OF ALL COMPANY CONTACTS WHO SHOULD RECEIVE BENEFITS *As you would like it to appear in all SYTA listings.*

PRIMARY CONTACT *Listed in the directory and serve 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 _____

MEMBERSHIP DUES *Please check one.*

ACTIVE MEMBERSHIP (NO ANNUAL CONFERENCE)

One-Time Initiation Fee (*upon joining*): US \$250.00

Annual Membership Dues: US \$695.00

Total: US \$945.00

ACTIVE MEMBERSHIP + ANNUAL CONFERENCE BUYER REGISTRATION

One-Time Initiation Fee (*upon joining*): ~~US \$250.00~~ (*waived with conference bundle*)

Annual Membership Dues: US \$695.00

2019 Annual Conference Registration (*1 buyer appointment taker*): US \$320.00

Total: US \$1,015.00

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

2231 Crystal Drive, Suite 204

Arlington, VA 22202

PAYMENT INFORMATION

Name as it appears on your card

Credit Card Number

Expiration Date

CVV

I authorize SYTA to charge my credit card the amount of: \$

Signature

Date

Digital signatures are acceptable and legally binding.

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

Tour Operator Registration Form

Email this form to conference@syta.org
Visit: <https://syta.org/conference2020> for more information

Attendee Name _____ Nickname for Badge _____

Company Name _____

Company Address _____

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

Phone _____ Cell _____ Email _____

Designation CSTP CTIS CTP Other _____

Dietary Needs Vegetarian Vegan Other Allergies _____ ADA/Special Needs _____

By checking the box, you are answering "Yes" to the statement.

- I would like to volunteer and network onsite for the Conference. This is my first conference and I would like to be assigned a mentor.
- My organization would like to donate for the Silent Auction I would like to be a mentor for new attendees. Mentors will be assigned a new attendee to contact prior to conference and meet onsite.

SUPPLIER CONFERENCE PRICING	Early Bird (until March 22)	Regular (after March 22)
Tour Operator Member Taking Appointments*	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425
Tour Operator Member NOT Taking Appointments	<input type="checkbox"/> \$555	<input type="checkbox"/> \$555
NEW Tour Operator Taking Appointments + Membership Bundle*	<input type="checkbox"/> \$1,015	<input type="checkbox"/> \$1,015
First Time Tour Operator Taking Appointments	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325
Tour Operator Non Member Taking Appointments	<input type="checkbox"/> \$615	<input type="checkbox"/> \$715
Tour Operator Non Member NOT Taking Appointments	<input type="checkbox"/> \$610	<input type="checkbox"/> \$710
Executive 1-Day Pass & Evening Event - Only for senior level executives of member companies. <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300

***To receive the discounted registration rate:**

- Each Tour Operator registered to take appointments receives their own book of appointments.
- You must complete the company profile in the appointment portal prior to appointment requests opening.
- You must attend all prescheduled appointments and be available at your booth throughout all business sessions on Saturday, Sunday and Monday.

Tour Operators not meeting these requirements will be invoiced an additional \$375 USD.

For every one appointment-taking attendee from the same company, you will receive one additional complimentary registration. They do not need to be an appointment taker. Must be a SYTA Member.

ADDITIONAL OPPORTUNITIES	
<p>Non-Industry Guest/Spouse Pass: includes evening SYTA networking events. SYF social events are ticketed events and require additional purchase. ONLY available to members.</p> <p>Guest/Spouse Name: _____</p>	<input type="checkbox"/> \$295

Tour Operator Registration Form (page 2)



The SYTA Youth Foundation provides deserving student and youth financial resources and programming through travel experiences that impact the lives of tomorrow's leaders. By attending one or more of the SYF events, you are directly supporting our mission and programs. All Foundation events are open to non-registered conference guests so feel free to invite friends, colleagues or vendors!

SYTA YOUTH FOUNDATION EVENTS – (please visit www.syta.org/conference2020 for more details)	
<input type="checkbox"/> Fun Run/Walk/Slumber - \$50 Sunday, August 16, Registration 6:00am, Run starts 6:30am Includes T-shirt, snacks, water	<input type="checkbox"/> I have acknowledge and understand the Informed Consent/Release of Liability .
Unisex Shirt Size: <input type="checkbox"/> X-S <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> X-L <input type="checkbox"/> XX-L <input type="checkbox"/> XXX-L	
<input type="checkbox"/> Sponsor a Luncheon Table - \$500 Sunday, August 16 Includes one reserved table of 10, signage and program recognition.	<input type="checkbox"/> Dance Your Meal Off (DYMO) – Pricing TBA Sunday, August 16 Includes two drink tickets

SIGHTSEEING TOURS: Friday, August 14 – All tours \$35	
<input type="checkbox"/> Tour 1: Battle of the Furs 8:00am – 2:30pm	<input type="checkbox"/> Tour 5: A 6,000 Year Journey 1:00pm – 4:30pm
<input type="checkbox"/> Tour 2: Birds, Bees and Bears – Oh My! 8:00am – 2:30pm	<input type="checkbox"/> Tour 6: Vive la France, Eh! 1:00pm – 4:30pm
<input type="checkbox"/> Tour 3: M & M Tour – Monuments, Mystery and Money 8:00am – 12:00pm	<input type="checkbox"/> Tour 7: Ghost Riders 1:00pm – 4:30pm
<input type="checkbox"/> Tour 4: Indigenous Ingenuity 8:00am – 12:00pm	<input type="checkbox"/> Tour 8: Shop 'Til You Drop 1:00pm – 4:30pm

PAYMENT INFORMATION I have enclosed payment for all items listed above
 (Payment in full must accompany registration in US dollars)

TOTAL ENCLOSED \$ _____

- Check Payable to "SYTA"
 Mail to: 2231 Crystal Drive, Suite 204, Arlington, VA 22202
- Credit Card (American Express, Discover, VISA or MasterCard)

Card Number _____ Exp. Date _____

Cardholder Name _____

CANCELLATION POLICY:

Conference cancellations must be received in writing no later than June 26, 2020. All cancellations are subject to a \$250 administrative fee. SYTA will not issue refunds for registrations or event add-ons after June 26, 2020 however, substitutions without penalty are welcome through July 17, 2020. Substitutions made after July 17 will be subject to a \$75 fee. SYTA regrets that refunds will not be given for no-shows. To be considered for a refund, requests must be submitted in writing by email to conference@syta.org.

You will receive an email confirmation and receipt once you are registered.
Registration Questions: Call 703-610-1263 or Email: conference@syta.org