

ASSOCIATE MEMBERSHIP



MEMBERSHIP APPLICATION

ASSOCIATE MEMBERSHIP is available to destinations, receptive operators, and suppliers of products, goods and services to the student and youth market. For any questions, please contact SYTA Membership at **703-610-1263** or **membership@syta.org**.

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**



COMPANY MEMBER TYPE (SEE LIST BELOW) Please provide one (1) member type that best fits your company.

ASSOCIATE ORGANIZATION TYPE

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

ASSOCIATE MEMBERSHIP REQUIREMENTS Please provide a copy of each with your application.




- My company has an established mailing address.
- You must submit a copy of your W9 or 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.*

ASSOCIATE MEMBERSHIP (NO ANNUAL CONFERENCE)

One-Time Initiation Fee (*upon joining*): US \$500.00

Annual Membership Dues: US \$945.00

Total: US \$1,445.00

ASSOCIATE MEMBERSHIP + ANNUAL CONFERENCE

One-Time Initiation Fee (*upon joining*): ~~US \$500.00~~ (*waived with conference bundle*)

Annual Membership Dues: US \$945.00

2019 Annual Conference Registration (*1 appointment taker*): US \$1,035.00

Total: US \$1,980.00

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**.



BIRMINGHAM, AL
AUGUST 9 – 13, 2019

Supplier Registration Form

Email this form to conference@syta.org
Visit: www.syta.org/conference2019 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 _____

Please indicate which supplier category describes your business.

Attraction DMO/CVB Hotels/Hostels Insurance Company Motor Coach Company

Music Festivals Receptive Operator Restaurant Theaters/Dinner/Ticket Broker Other _____

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 make a donation 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) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| Supplier Taking Appointments* (1 book per member company) | <input type="checkbox"/> \$1,025 | <input type="checkbox"/> \$1,175 |
| Supplier NOT Taking Appointments | <input type="checkbox"/> \$1,020 | <input type="checkbox"/> \$1,170 |
| NEW Supplier Member Taking Appointments + Membership* | <input type="checkbox"/> \$1,980 | <input type="checkbox"/> \$1,980 |
| Non-Member Supplier Taking Appointments* (1 book per company) | <input type="checkbox"/> \$2,400 | <input type="checkbox"/> \$2,500 |
| 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"/> \$350 | <input type="checkbox"/> \$350 |

* Includes one appointment book & registration per company. An additional associate member/supplier from the same company may share appointments with another company member, but both must register individually for the conference at full rate.

| ADDITIONAL OPPORTUNITIES | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Non-Industry Guest/Spouse Pass: includes TWO evening SYTA networking events. SYF social events are ticketed events and require additional purchase. ONLY available to members. Guest/Spouse Name: _____ | <input type="checkbox"/> \$295 |
| CSTP Enrollment Fee: SYTA's Certified Student Travel Professional Designation Earn your professional certification and graduate in front of your peers (Please see eligibility requirements at www.syta.org) | <input type="checkbox"/> \$295 |

Please complete Page 2 of the Registration Form

Supplier 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 BLASTOFF – Huntsville (please visit www.syta.org/syfblastoff for more details)

Pre-Conference Package - \$210
 Thursday, August 8 – Friday, August 9
 Includes Space Camp Mission, Sightseeing Tour, Countdown Reception, and SYF 20th Anniversary Blastoff Event

Package 1 Package 2 Package 3

Countdown Reception, and Blastoff Event ONLY - \$125
 Thursday, August 8, 5:30 pm – 10:30 pm
 Includes Countdown Reception, and SYF 20th Anniversary Blastoff Event

Golf Classic & Luncheon
 Friday, August 9, 7:00am – 2:30pm
 Includes, green fees, breakfast, luncheon and transportation

Golf Classic + Luncheon - \$295 single \$1,080 foursome

Foursome: _____

Club Rentals - \$50 Please indicate your club type:
 Right-Handed Left-Handed Providing my own clubs

Mulligan Package - \$50

Sponsor Golf Classic Hole and Contest - \$500

Golf Classic + Sponsor Golf Hole - \$750

SYTA YOUTH FOUNDATION EVENTS – Birmingham (please visit www.syta.org/conference2019 for more details)

5K/Run/Walk/Slumber - \$50
 Sunday, August 11, Registration 6:00am, Run starts 6:30am
 Includes T-shirt, snacks, water

I have acknowledge and understand the [Informed Consent/Release of Liability](#).

Unisex Shirt Size: X-S S M L X-L XX-L XXX-L

Sponsor a Luncheon Table - \$500
 Sunday, August 11, 12:30pm – 2:30pm
 Includes one reserved table of 10, signage and program recognition.

Dance Your Meal Off (DYMO) - \$50
 Monday, August 12, 9:30pm – 12:00am
 Includes two drink tickets, heavy hor d'oeuvres featuring the SYTA Band.

SIGHTSEEING TOURS: Friday, August 9

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A Tour for the Senses - \$35</p> <p><input type="checkbox"/> Tour 1: 8:30am – 12:30pm <input type="checkbox"/> Tour 2: 1:00pm – 4:00pm</p> | <p><input type="checkbox"/> Tour 7: A Taste of Birmingham - \$35 8:30am – 12:30pm</p> |
| <p>The Steel Away - \$35</p> <p><input type="checkbox"/> Tour 3: 8:30am – 12:30pm <input type="checkbox"/> Tour 4: 1:00pm – 4:00pm</p> | <p>In their Footsteps - \$35</p> <p><input type="checkbox"/> Tour 8: 8:30am – 12:30pm <input type="checkbox"/> Tour 9: 1:00pm – 4:00pm</p> |
| <p>The Slice and Zip - \$35</p> <p><input type="checkbox"/> Tour 5: 8:30am – 12:30pm <input type="checkbox"/> Tour 6: 1:00pm – 4:00pm</p> | <p><input type="checkbox"/> Tour 10: Bygone Days and Bargains Tour - \$35 12:00pm – 4:00pm</p> |
| <p>Tour 11: The Magic of Mercedes Tour</p> <p><input type="checkbox"/> 8:30am – 12:30pm</p> | |

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
 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 28, 2019. All cancellations are subject to a \$250 administrative fee. SYTA will not issue refunds for registrations or event add-ons after June 28, 2019 however, substitutions without penalty are welcome through July 12, 2019. Substitutions made after July 12 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 info@syta.org.

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