

ALLIED MEMBERSHIP



MEMBERSHIP APPLICATION

ALLIED MEMBERSHIP is designed for organizations that promote the social and economic value of student travel worldwide, not limited to: associations, foundations, nonprofits, education-focused organizations, and the media. Allied members receive Associate Member Benefits and a customized partnership agreement to reflect the relationship between the Allied organization and SYTA. 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.*



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



REFERRAL

REFERRAL NAME I was referred by:

Company Name

Email

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

ALLIED ORGANIZATION TYPE

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Communications | <input type="checkbox"/> Media |
| <input type="checkbox"/> Advertising Agency | <input type="checkbox"/> Consulting | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Association | <input type="checkbox"/> Finance | <input type="checkbox"/> Professional Society |

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




- ☐ My company has an established mailing address.
- ☐ My company has been in business a minimum of one year since the company was incorporated.
- ☐ You must submit a document establishing the company as a legal entity. Documents accepted are: US W-9, Certificate of Organization/Incorporation or Articles of Incorporation.
- ☐ 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.*

Primary 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
Contact Name	Title
Email	Phone
Contact Name	Title
Email	Phone

MEMBERSHIP DUES

☐ ALLIED MEMBERSHIP + ANNUAL CONFERENCE

Annual Membership Dues:	Complimentary
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2020 Annual Conference Registration (<i>non-appointment taker</i>):	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

2776 S Arlington Mill Dr, #564,

Arlington VA 22206

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**.

SYTA 2776 S Arlington Mill Dr, #564, Arlington VA 22206