

# DUAL MEMBERSHIP



## MEMBERSHIP APPLICATION

**DUAL MEMBERSHIP** is available to companies who meet the requirements of both the Active and Associate member categories.

**Type A Dual Members** are those who only have one company name.

**Type B Dual Members** are those that have two company names.

For any questions, please contact SYTA Membership at

**703-610-1263** or **membership@syta.org**.

### DUAL MEMBERSHIP TYPE

TYPE A

TYPE B

LEGAL COMPANY NAME \_\_\_\_\_

TRADE OR DBA COMPANY NAME - ACTIVE \_\_\_\_\_

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

TRADE OR DBA COMPANY NAME - ASSOCIATE \_\_\_\_\_

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

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

**For Type A or B Active Member Company**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

General 800 # \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Facebook Page Title \_\_\_\_\_ Twitter Handle @ \_\_\_\_\_



**YOUR SOURCE** for All Things Student & Youth Travel

For more information, visit [syta.org](http://syta.org) or call **703-610-1263**



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

**For Type B Associate Member Company**

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.*

**For Type A or B Active Member Company**

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

**For Type B Associate Member Company**

## REFERRAL

**REFERRAL NAME** I was referred by: \_\_\_\_\_

Company Name \_\_\_\_\_ Email \_\_\_\_\_

## ACTIVE MEMBERSHIP REQUIREMENTS October 1, 2021 - December 31, 2022

Please confirm that your company fulfills these requirements by checking the box. \*Students are defined as less than 26 years of age.

### Please confirm the following:

- Your company has been in business for a minimum of one year (*required*).
- Your company actively engages in the business of conducting or arranging student and youth travel, please include company brochure, tour itinerary or website address.
- Your company's principals have never been convicted (or otherwise found guilty or pleaded no contest) of any offense involving fraud, deception, breach of trust, child abuse, or any felony.
- Your company's principals have not declared bankruptcy in the past five years.
- Your company complies with all laws, rules and regulations in your country and is duly qualified and licensed to do business in each jurisdiction that requires such qualification or licensing.
- Your company 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.
- Your company has a minimum of one of the following: established mailing address, P.O. box, website and/or social media site.
- 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 Professional Liability and/or Errors and Omissions insurance.
- Your company maintains Commercial General Liability insurance.
- You must submit a document establishing the company as a legal entity. Documents accepted are: US W-9, Certificate of Organization/Incorporation, Articles of Incorporation or similar documentation based on country where business is located.
- You must submit the name of (1) business reference from the tourism industry.

Reference Name \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

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

**For Type A or B Associate Member Company**

**ASSOCIATE ORGANIZATION TYPE**

<input type="checkbox"/> Advertising Agency	<input type="checkbox"/> Historic Sights & Neighborhood	<input type="checkbox"/> Recreation
<input type="checkbox"/> Airlines/Flights	<input type="checkbox"/> Hotel/Hostels/Lodging	<input type="checkbox"/> Restaurant/Meals
<input type="checkbox"/> Art Galleries	<input type="checkbox"/> Insurance	<input type="checkbox"/> Retail
<input type="checkbox"/> Association	<input type="checkbox"/> Local Sightseeing	<input type="checkbox"/> Technology
<input type="checkbox"/> Attractions	<input type="checkbox"/> Media	<input type="checkbox"/> Theater – Broadway/Off Broadway
<input type="checkbox"/> Camp	<input type="checkbox"/> Meeting Facilities	<input type="checkbox"/> Theater - Dinner
<input type="checkbox"/> Communications	<input type="checkbox"/> Museum	<input type="checkbox"/> Theater – Entertainment
<input type="checkbox"/> Consulting	<input type="checkbox"/> National Parks/State Parks	<input type="checkbox"/> Theme/Water/Amusement Park
<input type="checkbox"/> Convention & Visitors Bureau/ Corporation	<input type="checkbox"/> Overnight Supervision	<input type="checkbox"/> Transportation
<input type="checkbox"/> Cruise	<input type="checkbox"/> Performance Venue	<input type="checkbox"/> Travel Agents
<input type="checkbox"/> Destination Management Service	<input type="checkbox"/> Performing Arts Organization	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Pro Sports	
<input type="checkbox"/> Festival	<input type="checkbox"/> Railroads	
	<input type="checkbox"/> Receptive Operator	

**ASSOCIATE 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.*

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**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

### DUAL MEMBERSHIP

Annual Membership Dues:

US \$1,245.00

*(Receive 12 months of membership once payment is received)*

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**Total: US \$1,245.00**

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**

**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.*

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**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