



Application for Membership

Name of Organization

Address

City

State

Postal Code

Country

CEO/Executive Director (Title, First and Last Name)

Office Phone

Home Phone

Email (s)

Payment: _____ Check enclosed _____ Paying/Paid by credit card online

Please check (✓) all items that apply

_____ Request Provisional Membership as an education organization

_____ Request Provisional Membership as a certification board

_____ Organization is incorporated as a nonprofit entity

_____ Organization is incorporated as a for profit entity

_____ Organization is a Limited Liability Corporation (LLC)

_____ Organization is none of the above (Please briefly explain)

_____ Organization enforces a Non-discrimination Policy

_____ Request Associate Membership

Mail to: NTAC, 848 N Rainbow Blvd #2500, Las Vegas, NV 89107, Email to: info@ntac.biz