

Please keep a list of all assigned ID numbers to be used for future registrations

Your C/O/I ID # begins with a 'C'
If you do not have one, please leave blank.
A C/O/I # will be assigned for future registrations.

MTA PROVIDES NO ENROLLMENT OPTIONS FOR:

Afghanistan, Chad, Haiti, Iran, Iraq, Nigeria, North Korea, Russia, Somalia, Syria, Ukraine, Venezuela, Yemen

INSTRUCTIONS FOR THE REGISTRAR:

Please note, if this is the first time registration for your [COI] Organization, Church or you as Individual (not registering as an organization or church), you will not have a [COI] ID number to enter. Please leave it blank. MTA's database will assign a COI Number beginning with "C" and all new members will be assigned a member number beginning with "M".

Please keep a record of ID numbers and enter the assigned ID numbers in future registrations. The database system will auto-populate the previously entered information.

Information for existing COIs cannot be changed using this form. Please contact MTA.

PRE-EXISTING MEDICAL CONDITION means an illness, disease, or other condition which member received a recommendation for a test, exam, or medical condition 60 days prior to trip. No coverage for such condition

Church/Organization /Individual ID Number: Fill ID to Automatically fill other COI Information [example C132]:

Church/Organization /Individual Name: Church/Organization/Individual Name

Church/Organization /Individual Contact Person: Church/Organization/Individual Contact Person

Church/Organization /Individual Street Address: Church/Organization /Individual Street Address

Church/Organization /Individual City: Church/Organization/Individual City

Church/Organization /Individual State: Church/Organization/Individual State

Church/Organization /Individual Zip: Church/Organization/Individual Zip

Church/Organization /Individual Country: Church/Organization/Individual Country

Church/Organization /Individual Phone & Email: COI Contact Phone Number COI Contact Email

The person who will receive all completed documents now and, in the future. Please contact MTA to change this information.

Mission Type: Please select

Team Name: Team Name

Team Leader [Going on the Mission trip]: Team Leader [Going on the Mission trip]

Team Contact Phone & Email: Team leader's Phone Number Team leader's Email

Destination City: Destination City

Destination Country: Destination Country

Travel Start Date:

Travel End Date:

MTA Invoices are to be paid by Credit Card only. ID cards will be sent when payment is received.

To pay your invoice online, please go to this link - <https://payment.missionarytravelassociation.com/pay-now/>

If more than one city and/or country, list them with a comma to separate them
List Cities and Countries in the same order

INSTRUCTIONS: ALL MEMBERS TRAVELING MUST BE ENTERED BELOW

1. If you do not have a member number beginning with an "M" please leave the ID # blank
2. When inserting a member number and the member name and date of birth showing is not yours, please delete the wrong member number, enter your information and continue with the registration process
3. Previous registered members personal information is blocked from being seen for security purposes
4. Information for existing users cannot be updated using this form. Please contact MTA.
5. **OPTIONAL Cancellation and Interruption coverage** benefit can be added for \$4.00 [four] per travel day. Example: a 3-day mission trip will be an \$12 additional cost; a 9-day mission will be an \$36 additional cost.
6. **USA DOMESTIC MISSION TRIPS** includes all benefits except a member's personal medical insurance and any other insurance is primary.
7. **ALL MEMBERS REGISTERED MUST BE A U.S.A. RESIDENT.**
8. MTA benefits are **not available for any trip participant who turns 81 or higher on the day of trip departure.**

Enter Member ID # that begins with 'M' If you don't have one, PLEASE leave blank and complete the information. A member # will be assigned for future registrations.

Member #1

ID # Member ID

Last Name: Last Name

Email Email

First Name: First Name

Birthdate:

Beneficiary

Middle Name: Middle Name

Passport #

Optional Cancellation & Interruption coverage Cost Please Select

To add additional team members, Click on "Add Additional Traveler"

PLEASE select 'Yes' or 'No' option to add C&I for this member

IMPORTANT
Click on box to confirm mission trip and the 'Submit' icon will appear

If this is your first registration MTA would appreciate answering how did you hear about MTA?

Referral by

Advertisement

Internet

Other:

I confirm that this registration is for a MISSIONARY TRIP ONLY and is not for pleasure, a vacation or tour.

When all members traveling are entered click on "Submit" **once**. You will be asked if all members are registered. Click "OK". You will be flagged is something needs changed or is missing. Please give the MTA registration time to process your submission. You'll be taken to a new screen to review and CONFIRM your registration. The COI contact person's email listed above will also receive the confirmed invoice. ID cards will be sent to the COI Contact and Team Leader when payment is confirmed

To pay your invoice online, please go to this link - <https://payment.missionarytravelassociation.com/pay-now/>

To view the specific MTA Travel Protection Plan Documents for your State prior to purchase please click here: [Your Benefits - Missionary Travel Association](#)