



## MEMBERSHIP APPLICATION FORM

HOTEL/GUESTHOUSE/VILLA MEMBERSHIP

ALLIED MEMBERSHIP

### YOUR COMPANY DETAILS

Company Name: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Title /Position: \_\_\_\_\_

Alternate Representative's Name: \_\_\_\_\_ Title /Position \_\_\_\_\_

Type of Business: \_\_\_\_\_

If Hotel/ Guesthouse please specify number of room keys : \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Website Address: \_\_\_\_\_

### MEMBERSHIP FEES AND PAYMENT TERMS

#### Membership Fees

A. Hotels Rates - Per Room / Per Month. Billed Quarterly

(All-inclusive: \$4.50; E.P. Hotels: \$6.50; Condo Hotels- Non- Luxury: \$7; Condo Hotels:\$9; Luxury Hotels: \$12)

B. Allied Members - \$400 per year

C. Companies with 100 or more employees - \$1000 per year

D. International Partners - \$300 per year

E. Restaurants - \$150 per Quarter

F. Villas - 1 to 10 - \$300 per Quarter; 11 to 20 - \$500 per Quarter; 21 to 30 - \$700 per Quarter

G. Caribbean Hotel and Tourism Association (CHTA) Fee / Room /Month (Optional)

(1-50: \$5.50, 51-100: \$4.50, 101-200: \$4, 201 +: \$3.50. Min. Dues: \$250; max. Dues \$25000)

Please note: - Contact Martha Valdivia, Director of Membership at [Martha@caribbeanhotelandtourism.com](mailto:Martha@caribbeanhotelandtourism.com)

#### For Applicant's Company

Names: \_\_\_\_\_ Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_