



CARIBBEAN
HOTEL & TOURISM
ASSOCIATION



MEMBERSHIP APPLICATION FORM

HOTEL/GUESTHOUSE 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 : _____

Mailing Address: _____

Tel: _____ Fax: _____

Email Address: _____ Website Address: _____

MEMBERSHIP FEES AND PAYMENT TERMS

Quarterly/Annual Membership Dues: (January _____ - March _____)

Basic Membership:

Allied Business per year\$400

Hotel / Guesthouse Room Fees

A. Turks and Caicos Hotel and Tourism Association (TCHTA) Fee / Room / Month

(All-inclusive: \$4/room; E.P. Hotels: \$6 /room; Condo Hotels: \$7 / room;

Luxury Hotels: \$11 / room)

B. 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 Noel Lynch, Director of Membership at noel@caribbeanhotelandtourism.com

For Applicant's Company

Names: _____ Title / Position: _____

Signature: _____ Date: _____

Amount Enclosed: _____

Bank: _____ Cheque: _____