



2026 Membership Application Form

ALLIED MEMBERSHIP

Name of Establishment: _____

Type of Business: _____

Managing Director: _____
(AHATA Representative)

Address: _____

Telephone: _____

Email: _____

Website: _____

Name of local bank: _____

We are applying for membership to the Aruba Hotel & Tourism Association and agree to pay the following membership dues to the association:

New Member Registration Fee: USD 280 – AFL 504

Annual Membership Fee (select applicable category based on size of company):

1 – 9 employees	USD 300 – AFL 540
10 – 19 employees	USD 600 – AFL 1080
20 – 49 employees	USD 1000 – AFL 1800
50 – 149 employees	USD 3000 – AFL 5400
150+ employees	USD 10,000 – AFL 18,000

Name (Please Print): _____

Signature: _____ Date: _____

(For AHATA Use Only)

Request handled on:
Membership Category:
Payment Received: Yes / No

Approved: Yes / No

Membership Application Form: ALLIED – Page 2

Describe your business:

Number of FT Employees: _____

Number of PT Employees: _____

Key Contact Persons (name, title, email):

Lead contact: _____

Accounting: _____

HR: _____

What motivated your company to become a member of AHATA:

Educational topics of interest (for workshops, etc):

Please submit the following documents with the application form:

- Registration Chamber of Commerce
- Copy of I.D. of Lead Contact
- Digital Logo & Pictures