



## 2026 Membership Application Form

### ALLIED MEMBERSHIP

Name of Establishment: \_\_\_\_\_

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

Managing Director: \_\_\_\_\_  
(AHATA Representative)

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

Telephone: \_\_\_\_\_

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

Website: \_\_\_\_\_

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:

Approved: Yes / No

Membership Category:

Payment Received: Yes / No



office@ahata.com



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ahata.com



L.G. Smith Blvd. 174, O'stad, Aruba



## Membership Application Form: ALLIED – Page 2

Describe your business:

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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:

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Educational topics of interest (for workshops, etc):

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**Please submit the following documents with the application form:**

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



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