



2021 Membership Application Form: ALLIED

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:

1. **New Member Registration Fee:** USD 280 (one-time payment) – AFL 500
2. **Annual Membership Fee*:**
 - 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)

** Based upon the number of employees in the company. Please check applicable membership category*

Name (Please Print): _____

Signature: _____ Date: _____

(For AHATA Use Only)

Request handled in Meeting on: _____ Approved: Yes / No
Membership Category: _____
Payment Received: Yes / No



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COMPANY PROFILE

1. Describe your business/organization:

2. Number of FT Employees: _____ Number of PT Employees: _____

3. Key Contact Persons (name, title and e-mail address):

General Manager: _____
Marketing: _____
Accounting: _____
Executive Assistant: _____
Human Resources: _____

4. What motivated your organization to become a member of AHATA:

5. Training Interest:

- Personal Development (i.e. time management, etc)
- Sales & Marketing
- Customer Service
- Leadership
- Technology
- Finance & Business Operations
- Wellbeing (i.e. stress management)
- Other: _____

Please submit the following documents with the application form:

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