



2026 Membership Application Form:

ALLIED (Associations)

Name of Association: _____

Director or President: _____
(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: US\$280 (AFL 500)
2. Annual Membership Fee: US\$3,000 (AFL 5,400)

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

Membership Application Form

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Association Profile:

1. Describe your core purpose:

2. Number of Members: _____

3. Key Contact Person for Association (name, title and e-mail address):

Lead Contact: _____

Accounting Contact: _____

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

5. Educational topics of interest to you (for workshops, etc):

Please submit the following documents with the application form:

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

