



## 2026 Membership Application Form:

### ALLIED MEMBERSHIP (Casino)

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

General Manager: \_\_\_\_\_  
(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: \$280 (AFL 504)
2. Annual Member Fee: \$2,000 (AFL 3,600)

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For AHATA Use Only)

Request handled in Meeting 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

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Describe your business (how many tables and how many slot machines):

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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
- Casino (Gaming) license
- Digital Logo & Pictures



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