



# MEMBERSHIP APPLICATION FORM

HOTEL/ GUESTHOUSE Membership

ALLIED Membership

## YOUR COMPANY DETAILS

Company Name: \_\_\_\_\_  
 Representative's Name: \_\_\_\_\_ Title / Position: \_\_\_\_\_  
 Alternate Representative's Name: \_\_\_\_\_ Title / Position: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 If Hotel / Guesthouse please specify number of rooms: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

## MEMBERSHIP FEES AND PAYMENT TERMS

- Annual Membership Dues: (Jan \_\_\_\_\_ - Feb \_\_\_\_\_)  
 Basic Membership:  
 Hotel / Guesthouse or Allied per year .....\$300  
 Hotel / Guesthouse Fees / Room  
 A. Turks and Caicos Hotel and Tourism Association (TCHTA) Fee / Room / Month  
 (All-inclusive: \$4 / room; E.P. Hotels: \$6 / room; Condo / Hotels: \$7 / room;  
 Luxury Hotels: \$11 / room)  
 B. Caribbean Hotel Association (C.H.A.) Fee / Room / Month (Optional )  
 (1-50: \$5.50, 51-100: \$4.50, 101-200: \$4, 201 +: \$3.50 Min. Dues: \$250; Max. Dues \$25,000)

Please note - Contact Ivette Martinez, Director of Membership at : [imartinez@caribbeanhotels.org](mailto:imartinez@caribbeanhotels.org)

For Applicant's Company:  
 Names: \_\_\_\_\_ Title / Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount enclosed: \$ \_\_\_\_\_  
 Bank: \_\_\_\_\_ Cheque: \_\_\_\_\_