



## 2025 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: \_\_\_\_\_

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(For AHATA Use Only)

Request handled in Meeting on:

Approved: Yes / No

Membership Category:

Payment Received: Yes / No



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ahata.com



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

## Membership Application Form

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#### Association Profile:

1. Describe your core purpose:

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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:

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5. Educational topics of interest to you (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
- Digital Logo & Pictures