



2025 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

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

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:

Educational topics of interest (for workshops etc):

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

