



2020 Membership Application Form: ACTIVE

Name of Establishment: _____

Type of Hotel: _____

CEO/Managing Director/GM: _____
(Representative in AHATA)

E-mail of Representative: _____

Address: _____

Telephone: _____

Website: _____

We are applying for Active membership to the Aruba Hotel & Tourism Association and agree to provide monthly hotel performance data (confidentially to AHATA CEO) and to pay the following membership dues to the association:

Transient Hotels:

1. New Member Registration Fee: US\$ 280.00 (one-time payment)
2. Membership Fee: US\$3,000 per year (Applicable for hotels with 25 rooms or more)
3. CHTA Annual Membership Fee.
4. Monthly Membership Dues (AHATA Levy): US\$0.50 per sold room, payment on monthly basis - Accompanied by Government Tax payment form.

Timeshare Hotels:

1. New Member Registration Fee: US\$ 280.00 (one-time payment)
2. Membership Fee: US\$5,000 per year + CHTA Annual Membership Fee

Name: _____

Date: _____

Signature: _____

For AHATA use only:

Date handled by Board:

Approved / Declined

Membership Category:

Payment Received: Yes ___ No: ___



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COMPANY PROFILE

1. Describe your business (EP, All-inclusive, time-share, target market, etc):

2. Number of Employees. FT: _____ PT: _____

3. Number of Rooms: _____

4. Key Contact Persons (name and e-mail address):

General Manager: _____

Sales/Marketing: _____

Revenue Manager: _____

Accounting: _____

Executive Assistant: _____

Human Resources: _____

Who will provide monthly performance data: _____

5. What motivated your company to become a member of AHATA:

6. Educational Interest:

- Personal Development (i.e. time management, etc)
- Sales & Marketing
- Customer Service
- Leadership
- Technology
- Finance & Business Operations
- Wellbeing (i.e. stress management)
- Other: _____

Please submit the following documents with the application form:

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