



## 2024 Membership Application Form:

### ALLIED

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

Type of Business: \_\_\_\_\_

Managing Director:  
(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:

- New Member Registration Fee:** USD 280 (one-time payment) – AFL 504
- Annual Membership Fee\*:**
  - 1 - 9 employees USD 300 (AFL 540)
  - 10 - 19 employees USD 600 (AFL 1080)
  - 20 - 49 employees USD 1000 (AFL 1800)
  - 50 - 149 employees USD 3000 (AFL 5400)
  - 150 + employees USD 10,000 (AFL 18,000)

*\* Based upon the number of employees in the company. Please check applicable membership category*

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

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

(For AHATA Use Only)

Request handled in Meeting on:  
Membership Category:  
Payment Received: Yes / No

Approved: Yes / No

## Membership Application Form: ALLIED – Page 2

Describe your business:

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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 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. of Lead
- Registration Chamber of Commerce
- Digital Logo & Pictures