

CARIBBEAN HOTEL & TOURISM ASSOCIATION
Hotel Enrollment Form

MISSION STATEMENT

"To facilitate the full potential of the Caribbean hotel and tourism industry by serving members' needs and building partnerships in a socially responsible and sustainable manner"

ENROLLMENT INFORMATION:

(Please print clearly or type)

Hotel Name: _____

Representative Name: _____

Representative's Title/Position: _____

Representative's E-mail: _____

Mailing Address: _____

Local Address: _____

Phone: _____ Fax: _____

Hotel E-mail: _____

Website: _____

Number of Rooms: _____

ENROLLMENT FEES:

Annual Dues Amount: _____ US\$

Additional Cards: _____ x \$50 _____ US\$

I would like to make a donation
to the CHTA Educational Foundation: _____ US\$

Total Amount: _____ US\$

MEMBERSHIP CARDS:

The property representative listed above will automatically receive an electronic card. If the primary cardholder is different from the representative above, please list the name:

DUES ASSESSMENT:

(Note membership in your national association is a prerequisite to joining CHTA)

For the first 50 rooms:	\$5.50 per room
For the next 50 rooms:	\$4.50 per room
For the next 100 rooms:	\$4.00 per room
For any number of rooms thereafter:	\$3.50 per room
Note: Minimum dues payable by a hotel:	\$250.00 (45 rooms)
Maximum dues payable by a hotel:	\$2,500.00 (658 rooms plus)

Example Calculation: property with 105 rooms

1st 50 rooms x \$5.50 =	\$275
2nd 50 rooms x \$4.50 =	\$225
5 more rooms x \$4.00 =	\$20
Total Dues =	\$520

PAYMENT MUST ACCOMPANY ENROLLMENT FORM.

Please make checks payable in US funds and drawn on a US bank to: Caribbean Hotel & Tourism Association; or debit my credit card:

MasterCard Other _____ Check # _____ Sky Auction Payment Plan Available

Card # _____

Cardholder Name: _____ Exp. date _____

Signature _____

Please return via fax or email to the Membership Department at 305.443.3005 or membership@caribbeanhotelandtourism.com

Caribbean Hotel & Tourism Association
2655 Le Jeune Road, Suite 910
Coral Gables, FL 33134
Telephone: 305.443.3040
Fax: 305.443.3005
www.caribbeanhotelandtourism.com



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ADDITIONAL MEMBERSHIP CARDHOLDERS NAMES:

- _____
- _____
- _____

DEPARTMENT CONTACT:

Please complete the following contact information:

General Manager:

Name: _____
E-mail: _____
Title: _____

Sales & Marketing:

Name: _____
E-mail: _____
Title: _____

Purchasing:

Name: _____
E-mail: _____
Title: _____

Food & Beverage:

Name: _____
E-mail: _____
Title: _____

Engineering/Maintenance:

Name: _____
E-mail: _____
Title: _____

Executive Chef:

Name: _____
E-mail: _____
Title: _____

Human Resources:

Name: _____
E-mail: _____
Title: _____

Accounting:

Name: _____
E-mail: _____
Title: _____

Executive Office:

Name: _____
E-mail: _____
Title: _____

PROPERTY INFORMATION:

Total number of employees: _____

- Independent Hotel Chain Management Company

CHAIN OR MANAGEMENT COMPANY INFORMATION:

Contact Name: _____

Contact Person: _____

Contact E-mail: _____

Address: _____

Website: _____

FACILITIES ON PROPERTY:

- | | | | |
|--|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> All Inclusive | <input type="checkbox"/> Disco | <input type="checkbox"/> Kids Club | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Beach Front | <input type="checkbox"/> Dive Operation | <input type="checkbox"/> Marina | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Business Center | <input type="checkbox"/> Golf | <input type="checkbox"/> Pool | <input type="checkbox"/> Timeshare |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Gym/Fitness Center | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Villas |
| <input type="checkbox"/> Conference Facilities | <input type="checkbox"/> Internet Access | <input type="checkbox"/> Resort | <input type="checkbox"/> Water Sport |

DISCOUNT INFORMATION:

Most hotel members extend discounts to their fellow CHTA colleagues. Please indicate below the discount details you are offering to CHTA members only:

Summer: _____

Winter: _____

