



MEMBERSHIP APPLICATION FORM

I / W e hereby apply for Membership in the St. Lucia Hotel & Tourism Association and submit the following information:

COMPANY NAME:

Representative to whom correspondence is to be addressed

CONTACT PERSON: POSITION:

POSTAL ADDRESS: CITY: COUNTRY:

TELEPHONE # FAX #

WEBSITE: EMAIL:

TYPE OF MEMBERSHIP:

ACTIVE HOTEL

SUSTAINING MEMBER

ALLIED MEMBER

AFFILIATE MEMBER

SPECIFIC INFORMATION

ACTIVE MEMBER

Total # of ROOMS **SINGLE** **DOUBLE**

FACILITIES:

BEACH **POOL** **WATER SPORTS**

TENNIS **ENTERTAINMENT** **ROOM PHONE**

CONFERENCE ROOM **BUSINESS CENTRE** **KIDS ACTIVITIES**

ALL INCLUSIVE **EP / MAP** **SELF CATERING**

ALLIED MEMBER

AUTOMOBILE RENTAL **DESTINATION MANAGEMENT**

GENERAL MERCHANT **RESTAURANT**

GIFT / SOUVENIR SHOP **TAXI ASSOCIATION**

TOURS&ATTRACTONS/TRAVEL AGENTS **AIRLINE COMPANY**

OTHER (Please Specify)

BREIF DESCRIPTION OF COMPANY:

I hereby agree to pay the dues as approved at the Annual General Meeting of the St. Lucia Hotel & Tourism Association

I also agree to give 30 days notice in writing to the Secretariat of my intention to resign from the Association

DATE: SIGNATURE: