



**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: