



Restaurant Allied Membership Application

Name of Restaurant: _____

Physical Address: _____

Mailing Address: _____

Telephone Number : _____ Fax Number: _____ Toll Free: _____

Restaurant's Website: _____

Manager: _____ Managers Email: _____

Secondary Contact: _____ Email: _____

Accounting Email: _____

Date commenced doing business in the VI: _____

Type of business license held: _____

VI Business License Number: _____ Expiration Date: _____

Name of individual completing form: _____ Title: _____

Business Description – 25 words or less. _____

The application is subject to approval of the board of directors of the USVI Hotel and Tourism Association

Participation level:

- ____ Allied Membership - \$390.00 Annually
- ____ Allied Plus Membership - \$500 Annually
- ____ CMI Allied Membership - \$1500 Annually
- ____ Additional Business - \$195 Annually

Submit

Annual due fees are based on the type of business activity and annual volume of sales or other criteria concerning your operation.

Contributions:

Contributions or gifts to the U.S. Virgin Islands Hotel & Tourism Association's Scholarship Fund are 501(c) 3 tax deductible as charitable contributions. All other contributions are not tax deductible however may be tax deductible as business expenses.