



Allied Membership Application

Company Name: _____

Physical Address: _____

Mailing Address: _____

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

Company'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. _____

Authorized Signature: _____ Date: _____

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.

MEMBER BENEFITS

USVI HTA Hotel Member Directory

USVI HTA Electronic Directory

Education and Training Opportunities

Industry Updates

Marketing Opportunities

Destination Symposium

Lising with link to website on consumer site

Landing page on consumer site

Multiple link locatins on consumer site based on relevance

Inclusion in Social Media Postings

Allied Member

Allied Member
Plus

CMI
Allied Member

