



Business to Business 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

Please Note:

Annual Dues Amount: \$390.00

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.

*USVI Hotel & Tourism Association
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