



Hotel Membership Application

Trade names

Mailing address and billing address if different

Telephone #

fax#

E-mail address/website

Name of business

Number of rooms

Principal

Individual operating on behalf of principles

Date commenced doing business in the VI

Type of business license held

VI Business license #

expiration date

Name

Title

Authorized Signature

Date

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

Please Note: Dues Structure:

Minimum dues are \$500.00 annually.

16 rooms and under will be billed at \$125.00 quarterly.

More than 17 rooms at \$31.00 per room annually will be billed at \$7.75 per room quarterly.

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

Annual Dues Amount \$ _____

Enclosed is check# _____ payable to the U.S. Virgin Islands Hotel & Tourism Association.

Submit

*USVI Hotel & Tourism Association
4002 Raphune Hill Ste. 304 * St. Thomas, VI 00802
T 340-774-6835 F 340-774-4993*