



Media / Publication 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: _____

Authorized Signature: _____ Date: _____

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

Please Note:

The minimum dues amount is **\$1,000.00**. 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 are not tax deductible as charitable contributions. However, they may be tax deductible as business expenses.

Submit

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