



Timeshare/Fractional Ownership Membership Application

Timeshare's Name: _____ # of rooms: _____

Physical Address: _____

Mailing Address: _____

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

Timeshare's Website: _____

General Manager: _____ General 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: Dues Structure:

Minimum dues are \$500.00 annually.

Dues are \$15.50 per room annually and will be billed quarterly.

Submit

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.

*USVI Hotel & Tourism Association
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