

# Hotel, Villa, or Condo/Timeshare Enrollment Form

MISSION STATEMENT

*"To facilitate the full potential of the Caribbean hotel and tourism industry by serving members' needs and building partnerships in a socially responsible and sustainable manner"*

## ENROLLMENT INFORMATION:

(Please print clearly or type)

Hotel Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative's Title/Position: \_\_\_\_\_

Representative's E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hotel E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Hotels - Number of Rooms: \_\_\_\_\_

Villas - Number of Units: \_\_\_\_\_

Condo/Timeshares - Number of Keys: \_\_\_\_\_

## ENROLLMENT FEES:

Annual Dues Amount: \_\_\_\_\_ US\$ \_\_\_\_\_

Additional Cards: \_\_\_\_\_ x \$50 \_\_\_\_\_ US\$ \_\_\_\_\_

I would like to make a donation  
to the CHTA Educational Foundation: \_\_\_\_\_ US\$ \_\_\_\_\_

Total Amount: \_\_\_\_\_ US\$ \_\_\_\_\_

## MEMBERSHIP CARDS:

The property representative listed above will automatically receive an electronic card. If the primary cardholder is different from the representative above, please list the name:

\_\_\_\_\_

## ADDITIONAL MEMBERSHIP CARDHOLDERS NAMES:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PAYMENT MUST ACCOMPANY ENROLLMENT FORM.

Please make checks payable in US funds and drawn on a US bank to: Caribbean Hotel & Tourism Association; or debit my credit card:

MasterCard  Check # \_\_\_\_\_  Other \_\_\_\_\_  Sky Auction  Payment Plan Available

Card # \_\_\_\_\_ CV # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

Please return via fax or email to the Membership Department at 305.675.7977 or membership@caribbeanhotelandtourism.com

Caribbean Hotel & Tourism Association  
2655 Le Jeune Road, Suite 910  
Coral Gables, FL 33134  
**Telephone:** 305.443.3040  
**Fax:** 305.675.7977  
www.caribbeanhotelandtourism.com



# Hotel, Villa, or Condo/Timeshare Enrollment Form

## DUES ASSESSMENT:

(Note: Membership in your national association is a prerequisite to joining CHTA)

### HOTELS

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For the first 50 rooms:	\$5.50 per room
For the next 50 rooms:	\$4.50 per room
For the next 100 rooms:	\$4.00 per room
For any number of rooms thereafter:	\$3.50 per room
<b>Note: Minimum dues payable by a hotel:</b>	<b>\$250.00 (45 rooms)</b>
<b>Maximum dues payable by a hotel:</b>	<b>\$2,500.00 (658 rooms plus)</b>

**Example Calculation:** property with 105 rooms

1st 50 rooms x \$5.50 =	\$275
2nd 50 rooms x \$4.50 =	\$225
5 more rooms x \$4.00 =	\$20
Total Dues =	\$520

### VILLAS

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1 Villa	\$200 per annum
2-24 Villas	\$350 per annum
25+ Villas	\$500 per annum

**If more than 1 company represents the same Villa properties, then each company must become a member.**

### CONDO/TIMESHARE PROPERTIES

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First 50 Keys	\$3.50 per key
51-100 Keys	\$3.00 per key
101-200 Keys	\$2.50 per key
201-500 Keys	\$2.00 per key

**Note: The Minimum payment in this category is \$250 and the Maximum is \$1000.**



# Hotel, Villa, or Condo/Timeshare Enrollment Form

## DEPARTMENT CONTACT:

Please complete the following contact information:

### General Manager:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Sales & Marketing:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Purchasing:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Food & Beverage:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Engineering/Maintenance:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Executive Chef:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Human Resources:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Accounting:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

### Executive Office:

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_

## PROPERTY INFORMATION:

Total number of employees: \_\_\_\_\_

Independent Hotel       Chain       Management Company       Villa       Condo/Timeshare

### CHAIN OR MANAGEMENT COMPANY INFORMATION:

Contact Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

### FACILITIES ON PROPERTY:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> All Inclusive                       | <input type="checkbox"/> Casino                | <input type="checkbox"/> Gym/Fitness Center | <input type="checkbox"/> Spa                      |
| <input type="checkbox"/> Bar                                 | <input type="checkbox"/> Conference Facilities | <input type="checkbox"/> Internet Access    | <input type="checkbox"/> Tennis Court             |
| <input type="checkbox"/> Beach Front                         | <input type="checkbox"/> Disco                 | <input type="checkbox"/> Kids Club          | <input type="checkbox"/> Timeshare                |
| <input type="checkbox"/> Boutique                            | <input type="checkbox"/> Dive Operation        | <input type="checkbox"/> Marina             | <input type="checkbox"/> Villas                   |
| <input type="checkbox"/> Business Center                     | <input type="checkbox"/> Golf                  | <input type="checkbox"/> Pool               | <input type="checkbox"/> Water Sport              |
| <input type="checkbox"/> Championship Design Golf Facilities | <input type="checkbox"/> Golf Holes # _____    | <input type="checkbox"/> Restaurant         | <input type="checkbox"/> Wireless Internet (WiFi) |

## DISCOUNT INFORMATION:

Most hotel members extend discounts to their fellow CHTA colleagues. Please indicate below the discount details you are offering to CHTA members only:

Summer: \_\_\_\_\_

Winter: \_\_\_\_\_

