



SLHTA MEMBERSHIP APPLICATION FORM

Company Registered Name:		Date Established:
Name of Establishment:		
Physical Address of Establishment:		
Mailing Address:		
Website:	Fax #:	Tel #:

Name of Owner:		
Owner's Contact Cell #:	Owner's E-mail:	Owner's Fax #:
Name of Representative:		
Rep's Contact Cell #:	Rep's E-mail:	Rep's Fax #:

TYPE OF MEMBERSHIP REQUIRED (Please place an X in the most applicable box)

Accommodation Member ¹ :	<input type="checkbox"/>	Hospitality Membership ² :	<input type="checkbox"/>	Allied Member:	<input type="checkbox"/>	Exchange Member:	<input type="checkbox"/>	Affiliate Member:	<input type="checkbox"/>	Provisional Member ³ :	<input type="checkbox"/>
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(Accommodation Member) SPECIFIC INFORMATION (Please place an X in the most applicable box)

Large Hotel:	<input type="checkbox"/>	Villa:	<input type="checkbox"/>	Bed & Bkfast:	<input type="checkbox"/>	Guest-house:	<input type="checkbox"/>	Boutique Hotel:	<input type="checkbox"/>	Small Hotel:	<input type="checkbox"/>
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Total # of Rooms:

(Allied Member) SPECIFIC INFORMATION (Please place an X in the most applicable box)

Restaurant:	<input type="checkbox"/>	Please specify # of covers:	<input type="checkbox"/>	Food & Beverage Distributor:	<input type="checkbox"/>
Car Rental Company:	<input type="checkbox"/>	Please specify # of vehicles:	<input type="checkbox"/>	Airline Company:	<input type="checkbox"/>
Boat Charters:	<input type="checkbox"/>	Please specify # of boats:	<input type="checkbox"/>	Travel Agent:	<input type="checkbox"/>
				Destination Management Company:	<input type="checkbox"/>
Info Tech Services:	<input type="checkbox"/>			Tour Service Provider:	<input type="checkbox"/>
Security Company:	<input type="checkbox"/>			Tourism Taxi Operator:	<input type="checkbox"/>
Commercial Bank:	<input type="checkbox"/>			Shipping and Related Services:	<input type="checkbox"/>
Edu & Training Provider:	<input type="checkbox"/>			Marine Yachting Company:	<input type="checkbox"/>
Business Professional / Mgmt Consultant:	<input type="checkbox"/>			Statutory Corporation:	<input type="checkbox"/>
Retail & Wholesale Provider:	<input type="checkbox"/>			Utility Company:	<input type="checkbox"/>
Sports & Gaming:	<input type="checkbox"/>			Real Estate Company:	<input type="checkbox"/>
Entertainment:	<input type="checkbox"/>			Printing, Publishing and Media:	<input type="checkbox"/>
Wedding / Event Planning:	<input type="checkbox"/>			Cruise Handler/Service Provider:	<input type="checkbox"/>
Other (Please Specify):	<input type="checkbox"/>				<input type="checkbox"/>

PLEASE PROVIDE COPIES OF PERMITS, CERTIFICATES AND LICENCES PROVIDED BY THE RELEVANT BODIES

Name of Company Rep (as provided above):	Position:
Date:	Signature

¹ Any individual, partnership or corporation managing or engaged in the operation of an "Hotel".

² Any individual, partnership or corporation managing or engaged in the operation of a business that provides services directly to individual tourism visitors or groups of tourism visitors to Saint Lucia.

³ Any individual, partnership or corporation intending to operate an hotel or hospitality business, is in the process of having the same constructed and would qualify for Hotel Membership or Hospitality Membership once the business is constructed may become a Provisional Member for the period in which that business is being set up.

FOR SLHTA ADMINISTRATION PURPOSES ONLY

Date Application Received:	Receiving Officer:
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FOR SLHTA ADMINISTRATION PURPOSES ONLY

Date of Company Interview:	EVP or Representative:
Date Board Approval Received:	Fin & Admin Officer:
Date Membership Letter dispatched:	Fin & Admin Officer:
Date Membership Dues received:	Fin & Admin Officer:
Date Entered on Accounts Database:	Accounts Clerk:
Date Entered on membership database:	Front Office Clerk:
Date Entered on PRIO Database:	Public Relations & Information Officer: