

Please complete this application. Make

## Membership Application

PO Box 24641 Christiansted, VI oo824

lisa@usvihta.com 340-774-6835

When completed, enclose your application



## stcroixhotelandtourism.com

sure to check the box next to your appropriate membership level.			Download Adobe Mac		a check payable to the St. Croix Hotel and Tourism Association and mail all items to the address listed above.			
If you are completing this application as a PDF on your computer—to be saved, printed and mailed—make sure to use the FREE Adobe Reader DC program for Mac or PC.			ownload Adobe PC		Youwill be contacted to confirm, and you will be sent a membership kit.			
Your Name								
Company Name								
Business Type			VI Business License #					
Mailing Address			Phone #					
	_		Cell #					
			Fox #					
Company E-moil			Your E-mail					
Web Site					 			
Annua	l Membership R	ates Schedul	le (\$US)					
	ommodations dues ar			erty				
Larg	e Accommodation (1	\$40/room per year (can be paid quarterly)						
Small Accommodation (1-16 rooms)			\$295 + \$40/room (Shall not exceed \$650) per year					
Villa/Condo (1-5 bedrooms)		\$295 per year						
Asso	ciate Membership			S	trateg	ic Partners		
Allied Member \$295/year			_	$\Box G$	old		\$10,000	
Individual Member \$200/year			_	$\square$ $S$	ilver		\$5,000	
Non-Profit Organizations \$150/year			_	$\square$ $B$	ronze		\$2,500	
UVI Student \$25/year					ther 1	Amount	\$	
High	School			(	St. Croix Hotel and	ł Tourism Association — All Rights Reserved.		