



Fiji Hotel and Tourism Association

MARINE MEMBER APPLICATION FORM

NAME OF REGISTERED COMPANY: -----

TRADING AS: -----

TYPE OF BUSINESS: ----- NO. OF EMPLOYEES: -----

1. TRANSFERS:	<input type="checkbox"/>	SERVICES/SUPPORT/MARINA:	<input type="checkbox"/>
2. RECREATIONAL ACTIVITIES:	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>

PLEASE STATE: -----

KEY PERSONNEL:

OWNER(S): ----- GENERAL MANAGER(S): -----

FINANCE MANAGER: ----- HR MANAGER: -----

MEMBERS OF THE TOURISM INDUSTRY WITH WHOM YOU DO BUSINESS:

1. -----

2. -----

3. -----

CONTACT DETAILS:

MAIN CONTACT PERSON/CONDUIT: ----- POSITION: -----

PHYSICAL ADDRESS: ----- POSTAL ADDRESS: -----

PH NO: ----- DIRECT LINE: ----- FAX NO. -----

EMAIL ADDRESS: ----- WEBSITE: -----

REQUIREMENTS:

THE FOLLOWING SHOULD BE FORWARDED TO THE SECRETARIAT WITH APPLICATION:

Please note that we do not accept cash or direct deposits at this point. All payments must be made out via cheque to the Fiji Hotel and Tourism Association. Unsuccessful applicants will be refunded this fee. (Following fees listed below are VEP.)

1. APPLICATION FEE: **\$250.00**

2. SUBSCRIPTION FEES: **\$476.56**

3. A COPY OF YOUR BUSINESS LICENSE

4. FOR EXPATRIATE OWNERS, A COPY OF YOUR FTIB/INVESTMENT FIJI CERTIFICATE

SIGNATURE: ----- DATE: -----

NAME OF SIGNATORY: ----- DESIGNATION: -----

❖ **The FHTA Secretariat will notify you on the Board of Directors finding in due course.**

WITHDRAWAL FROM THE ASSOCIATION:

- WITHDRAWAL FROM THE ASSOCIATION MUST BE IN WRITING TO THE CHIEF EXECUTIVE OFFICER (CEO) BEFORE THE NEXT FINANCIAL PERIOD (JANUARY).
- ALL OUTSTANDING ARREARS MUST BE CLEARED.