



Fiji Hotel and Tourism Association

ASSOCIATE MEMBER APPLICATION FORM

NAME OF REGISTERED COMPANY: -----

TRADING AS: -----

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

KEY PERSONNEL:

DIRECTOR: ----- CEO: -----

GENERAL MANAGER: ----- FINANCE: -----

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: ----- WEBSITE: -----

REQUIREMENTS:

THE FOLLOWING SHOULD BE FORWARDED TO THE SECRETARIAT WITH APPLICATION:

Unsuccessful applicants will be refunded this fee. (Following fees listed below are VEP.

1. APPLICATION FEE **\$100.00**
2. SUBSCRIPTION FEES: **\$483.71**
3. FOR EXPATRIATE OWNERS, A COPY OF YOUR FTIB/INVESTMENT FIJI CERTIFICATE
4. A COPY OF YOUR BUSINESS LICENSE

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

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

❖ **The 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.