* HAT ‘Affiliate’ Members are companies/organizations interested in associating themselves, as well as, suppliers/vendors doing business/wishing to do business with our community of accommodation providers in Tanzania. Benefits include - increase business network, access to hospitality industry specific information and gateway to grow business through the offering of special promotions to this community.
* Affiliate Member companies are entitled to attend business/social events hosted by HAT

The fields marked with \* are mandatory.

Top of Form

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| **Section 1 - Company Information** | |
| **\*** Name of Organization: |  |
| BusinessName(if different): |  |
| **\***Date of Incorporation: |  |
| \*Company TIN #: |  |
| \*Company VRN # (VAT number): |  |
| Name of Holding Company (if applicable): |  |
| **\***Postal Address: |  |
| **\***Physical Address: |  |
| **\*** City: |  |
| **\***Country: |  |
| **\***Office Phone: |  |
| **\***Mobile: |  |
| **\***Email: |  |
| Website: |  |
| Fax: |  |
| **\*** Company Description (to be used in announcement to HAT and Affiliate Members of your membership): |  |

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| **Ssection 2 - Contact Information** | |
| **\*Primary Contact** |  |
| **\*** Full Name: |  |
| **\***Title: |  |
| **\*** Phone: |  |
| **\*** Email: |  |
| **\*Secondary Contact** |  |
| **\*** Full Name: |  |
| \*Title: |  |
| **\*** Phone: |  |
| **\*** Email: |  |
| **President/CEO/Managing Director** | |
| Full Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Should this individual be on our distribution list for member communications? | Yes No |
| **Senior Marketing Contact** | |
| Full Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Should this individual be on our distribution list for member communications? | Yes No |
| **Senior Sales Contact** | |
| Full Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Should this individual be on our distribution list for member communications? | Yes No |

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| **Section 3 - Please indicate which categories your company represents:** |
| |  |  |  | | --- | --- | --- | | Accessibility: Products/Services for travellers with disabilities | Custom & Stock Printed Products | General Merchandise | | Accounting/Financial Services | Data Port Lamps, Computer | Gift Shops/Retails Stores | | Administration & Management | Design – Build Developer | Group Health & Life Insurance | | Advertising/Marketing/ Promotional Specialists | Directories – Electronic | HR & Payroll Systems | | Air Conditioning/ Heating/ Ventilation | Distribution | Human Resources | | Air Treatment: Odour, Humidification, Dehumidification | Document Recovery Services | Ice Machines/Melters | | Amenities/Bathroom/Guestroom | E-Commerce Solutions | Incentives/Premium, Advertising/Revenue Sharing | | Appliances | Emergency Response: Fire, Flood, Water, Wind or Environmental | Insurance – Property, Commercial | | Architectural/Interior Design Services | Education/Training | Internet/In-room Entertainment | | Art Work/Images/Frames/Mirrors | Employee Benefits | Manufacturer's Agent/Broker | | Association/Organization | Employee Recruitment | Photo/Video | | Banking Institution - ATMs | Energy Management/Consulting | Trade Publishers | | Audio Visual Presentation Equipment/Services | Energy Saving Products/Services | Wholesale/Distributor | | Automatic Door Openers | Environmentally Friendly Alternatives | OTHER *(please write below the category that best fits your business, if not listed above)* | | Business Centre Solutions/ Products | Fitness Equipment | Additional Comments: | | Children Supplies/Activity Products | Floor Coverings | | Cleaning Products, Equipment, Services | Food & Beverage | | Computer/Networking Solutions/ Software | Furniture & Case Goods | | Consulting Services | Gaming | |

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| **Section 4 - Member Referral** | | |
| To verify your good standing as an Affiliate member of HAT, we require references from two **HAT members**. | | |
| |  |  | | --- | --- | | 1st HAT Member Reference: | | | **\*** Name: |  | | **\***Title: |  | | **\*** Company: |  | | **\*** Phone: |  | | |  |  | | --- | --- | | 2nd HAT Member Reference: | | | **\*** Name: |  | | **\***Title: |  | | **\*** Company: |  | | **\*** Phone: |  | | |
| **Section 5–Affiliate Membership Objectives** | | |
| Reason for joining HAT as an Affiliate Member |  | |
| Main service required from HAT |  | |
| **Section 6–Affiliate Membership Fees** *(Fees are fixed for all service providers)* | | |
| **US$ 250 or Tzs 575,000\*** | |
| *\* Membership fees are due in January of every year.*  *\* VAT 18% must be included in the membership fees.*  *\* TIN: 107-769-374.*  *\* The exchange rate is reviewed quarterly.* | | |
| **Section 7–Application Authorization** | | |
| I/We hereby apply for registration as a member of the Hotels Association of Tanzania for 2019:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Company Stamp/Seal:** | | |

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| **Section 8–Payment Terms** |
| Membership dues must accompany your completed application form.  **Payment by Cheque/Direct Deposit:**  Cheque payable to:**Hotels Association of Tanzania**  BankDetails :**Barclays Bank Tanzania Limited – Slipway Branch**  Account Name: **Hotels Association of Tanzania (HAT)**  US Dollar ($) Account Number –**004-6001788**  Shillings (TZS) Account Number – **004-6000536** |

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| --- | --- | --- |
| **FOR OFFICE USE** | **DATE** | **SIGNED** |
| Received by HAT |  |  |
| Approved by CEO |  |  |
| Approved by Chairman |  |  |
| Membership Start Date |  | |