The fields marked with \* are mandatory.

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|  |
| **Business Name:*(Membership Company Name)*** |  |
| **Accommodation establishment(s) that is represented under this membership\* *(i.e. list all the names of Hotels, Camps, Lodges, Accommodations)******\*Please ensure that the establishment is legally registered under the Holding Company*** | 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **\*Date of Incorporation:** |  |
| **Name of Holding Company *(if applicable)*:** |  |
| **\*Company TIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Company VRN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*Postal Address:**  |  |
| **\* Physical Address:** |  |
| **\* City:** |  |
| **\* Country:**  |  |
| **\* Office Phone:** |  |
| **\*Mobile:**  |  |
| **\* Email:**  |  |
| **Website:** |  |
| **Fax:** |  |
| **\*Total (Accumulative) Number of rooms of ALL Establishments listed above:** |
| **\*Public (Rack) Single Room Rate** |
| **\*ANNUAL REVENUE for the past year (Accumulative of ALL Properties above):** |
| **\*MEMBERSHIP CATEGORY:** |

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| **SECTION 2 - CONTACT INFORMATION** |
| **Primary Contact** (To receive ALL HAT Communication) |
| **\*** Full Name: |  |
| **\***Title: |  |
| **\*** Phone: |  |
| **\*** Email: |  |
| PRESIDENT/CEO/MANAGING DIRECTOR |
| Full Name: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| **Senior HUMAN RESOURCE Contact** |
| **\*** 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 finance Contact** |
| **\*** Full Name: |  |
| \*Title: |  |
| **\*** Phone: |  |
| **\*** Email: |  |
| **\*** Should this individual be on our distribution list for member communications? **Yes No** |

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| ***2020 HAT MEMBERSHIP FEES*** |
|  |   |   |   |
| ***Category*** |  | **Yearly Payment** | **Quarterly Payment** |
| *1* | Business with annual turnover above USD 5 million AND more than 1 property |  $ 5,000  |  $ 1,375.00  |
| *1a* | Business with annual turnover above USD 5 million AND only 1 property |  $ 3,500  |  $ 962.50  |
| *2* | Business with annual turnover less than USD 5 million AND maximum 199 rooms |  $ 2,500  |  $ 687.50  |
| *3* | Business with annual turnover less than USD 3 million AND maximum 99 rooms |  $ 1,500  |  $ 412.50  |
| *4* | Business with annual turnover less than USD 1 million AND maximum 49 rooms |  $ 750  |  $ 206.25  |
| *5* | Business with annual turnover less than USD 500,000 AND maximum 24 rooms |  $ 500  |  $ 137.50  |
| *6* | Business with annual turnover less than USD 100,000 AND maximum 12 rooms  |  $ 250  |  $ 68.75  |
| *6a* | New hotel with zero annual turnover |  $ 250  |  $ 68.75  |
|  | TATONA members special fee: $200 |  $ 200.00  |  $ 55.00  |

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| i) | Fees quoted exclude 18% VAT |  |  |
| ii) | 10% 'Early bird' discount for payments made before 31st January |  |  |
| iii) | Payment in quarterly installments possible at 10% premium |  |  |
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| **SECTION 4 – APPLICATION AUTHORIZATION** |
| I/We hereby apply for registration as a member of the Hotels Association of Tanzania:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Company Stamp/Seal:**  |

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| **For Office use** | **Date** | **Signed** |
| **Received by CEO** |  |  |