



MEMBERSHIP APPLICATION FORM

Requirements for Membership to THAG

All operations seeking to join the Association must submit the completed form to the Association for consideration by the Association's Board.

In the interest of ensuring that all operations are compliant with the industry regulations, the Association requests that it is necessary to review the operation's details prior to acceptance of membership to the Association.

They are as follows:

- Must be registered with the Guyana Tourism Authority
- Must be in compliance with Fire Service, Transport Service, M&CC etc
- Must provide a copy of VAT Certificate
- Must produce their NIS Compliance (Existing business)
- ALL Must provide a copy of Registration of Business
- Provide Two references (one must be a Member of THAG)
- Must submit a complete application
- Must submit a profile of their business which should include the number of years in business
- Must sign the form confirming commitment to adhere to the rules, regulations and responsibilities of being a member of THAG

Application Review Process

- All new applications should be brought to the Board's attention and receive Board Approval before the Applicant can be accepted
- Applications can be deferred if information provided is inadequate
- ALL Applicants must fulfil the criteria provided before they can be considered
- Membership will be reviewed annually



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Yes, I would like to become a Member of the Hospitality Association. Please process my application.

Name of Business: _____

Parent Company (If part of the group) _____

Business _____ Address: _____

Phone #1: _____ Phone: # 2 _____

Fax#: _____

Business Email: _____

Web _____ Address: _____

Year Business was started: _____

Owner(s) First Name: _____ **Last Name:** _____

Owner's Mobile: _____

Owner Email Address: _____

Postal Address: If not same as above: _____

Primary Contact Person (GM/ Owner): _____

Person to whom mail should be sent / main contact person: *(This person will have voting rights and is eligible for office on the Executive Board)*

City/State/Zip: _____

Phone: (_____) _____ Mobile: _____

E-Mail: _____

Secondary Contact Person: _____

Phone: (_____) _____ Mobile: _____

E-Mail: _____



MEMBERSHIP APPLICATION FORM

Which areas of tourism are the focuses of your company?

Inbound Tourism

Outbound Tourism

Other Please state: _____

1. What services do you provide?

Training: _____

Marketing _____

Product Development _____

Public Relations _____

Tours _____

Transportation _____

Catering _____

Consultations _____

Other Please _____ state: _____

Description of your business:
