



**MEMBERSHIP APPLICATION
(New and Renewal)**

Name of Business: _____
DBA: _____

Please refer to the HANMI Restated Articles of Association (2009) for full membership requirements.

What type of membership are you interested in?

HOTELIER MEMBERSHIP: Annual Dues listed below are payable in 4 quarterly payments. Complete attached requirements (p.3) for Hoteliers.

- | | | |
|--------------------------|----------------------------------|---------------------------|
| <input type="checkbox"/> | HOTEL only | \$400 plus \$3 per room |
| <input type="checkbox"/> | HOTEL with adjoining golf course | \$400 plus \$3 per room |
| <input type="checkbox"/> | HOTEL with adjoining casino | \$1,000 plus \$3 per room |

ASSOCIATE MEMBERSHIP:

ALLIED MEMBER: Annual Dues listed below are payable upon application. See attached requirements (p.3) for Allied Members.

- | | | |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Golf Course without adjoining hotel | \$400 |
| <input type="checkbox"/> | Restaurants without adjoining hotel
(complete attachment) | \$200 |
| <input type="checkbox"/> | Other (e.g. affiliated services) | \$200 |
| <input type="checkbox"/> | Casinos without adjoining hotel | \$600 |
| <input type="checkbox"/> | AFFILIATE MEMBER (government/non-profit) | \$200 |
| <input type="checkbox"/> | EMERITUS MEMBER (past presidents) | \$0 |

Please explain the nature of your business:

Mailing Address: _____

Telephone: _____

Facsimile: _____

Representative Name: _____

Title: _____

Email Address*: _____

***Please note: this email address will receive all email notices and occupancy stats information.**

Website Address: _____

Link to HANMI website: [] yes [] no

Social Media: _____

(New applicants only) Enclosed is a non-refundable application payment of \$250 for Hoteliers or \$100 for Allied and Affiliate applications.

Signature of Authorized Rep: _____ Date: _____

**RETURN THIS FORM AND PAYMENT TO:
HANMI, P.O. Box 501983, Saipan, MP 96950.**

**HANMI
MEMBERSHIP APPLICATION
REQUIREMENTS**

Hotelier Applicants:

- Hotel location (or projected location): _____
- Number of current rooms: _____
- Number of projected rooms (if under construction): _____
- 24 hour operation
- Grade of restaurants at premises, if applicable
- Submission of current business licenses and occupancy permits

Allied Applicants:

- Grade of restaurants, if applicable
- Submission of current business licenses and occupancy permits