



**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<br>(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