



# Safe & Clean Membership Application

## APPLICANT INFORMATION

Name (Company) : \_\_\_\_\_

Address (Office) : \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Type of Business:

Accommodation: Hotel Rental House Guesthouse

Number of Rooms: \_\_\_\_ Type of Rooms: Room Suites Condos Other \_\_\_\_\_

On-Site Food & Beverage: Restaurant Lounge Indoor Outside

Tour Operator Tourist Agency with without facility.

Other Tourism Activity (please precise): \_\_\_\_\_

General Manager Property Owner Mr. Ms. \_\_\_\_\_

### PRIMARY CONTACT (If different than above)

Mr. Ms. \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Please contact us to add additional contact names to your membership account.*

### Safe&Clean Annual Membership Dues

Categories	Membership Dues
1 Room	USD 95
each additional room	USD 15
26-50 Rooms	USD 390
50+ Rooms	USD 490
Others	On request

I herewith confirm to comply with the Safe & Clean enhanced Safety and Cleaning Protocol and to follow the recommendations of the Government and Health Authorities. (\*)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Dues are payable in advance and membership is continuous unless cancelled in writing.  
Cancellations are effective 30 days following receipt of such notice.*

## Safe & Clean

Please complete this form, sign and email to the Safe & Clean Office: [safecleanworld@gmail.com](mailto:safecleanworld@gmail.com)

(\*) Safe & Clean reserves the right to check that certified members comply with the Safe & Clean Protocol and that they fulfil its intended purpose.