

PRINT OUT & MAIL OR FAX BACK
PO Box 598, Makawao, HI 96768 or 808-877-3104

Membership Levels & Fees 2011-2012:

Dues are requested paid annually & by doing so qualify for a 10% discount.

Pro rated if joining mid-year.

Small Business =less than 10 people	\$ 486.00	(\$45/month)*
Medium Business = between 11 &50	\$ 864.00	(\$80/month)*
Large Business = over 50 people	\$1,080.00	(\$100/month)*

*Semi-Annual & Quarterly payments may be requested; these will be calculated with the monthly blue rates noted above.

Multi- Island	\$ 20/Month per additional Island
Multi- Category	\$ 5/Month per additional Category

Optional Upgrades to General Membership Monthly Fees:

- **Gold Card Program (Free with Membership)** \$0.00 (no charge)
- **Travel Agent Referral Program (Free)** \$0.00 (no charge)

Pono Rez: With increasing Levels comes increasing reports, unlimited users. For more detailed information visit: www.PonoRez.com

Level 1: Ecommerce w/collective Secured Certificate & PCI Server	\$ 45.00/month
New to System: One time set up Fee: \$250.00	
Level 2: Central Reservation system no ecommerce	\$ 85.00/month
New to System: One time set up Fee: \$750.00	
Level 3: Full use of Pono Rez, +Global Distribution & Reports	\$130.00/month
New to the System: One time set up Fee: \$1,000.00	

Pono Rez Payments are either annually or monthly.

If monthly they are set up as an auto pay: ECheck, Owners Tickets or Credit Card on File.

**A3H Membership Application
2011-2012**

Size Business Check one: Small Medium Large Business

Island(s): Kauai Oahu Maui Lanai Molokai Big Island

Category(s): Air Land Beach Boating Shows/Luau Attraction

Options:

- Free Participation: Gold Card Yes No or TARP Yes No
- Pono Rez Check one: Level 1 Level 2 Level 3

Contact Information

Company Name: _____

Address: _____

Admin: **808**-_____ RSVP: **808**-_____ Toll Free: **800**_____

Fax: **808**-_____ Email: _____

Web Page: _____

PonoRez Payment Information:

How Paying Check one: Bill (Monthly/Auto CC/Annual) Trade in part with Owners Tickets*

If Paying by Auto CC, Credit Card account #: _____

Expiration Date: ____/____/____ CSV: _____

Receive Invoice By Check one: US Postal Mail Email Fax

Signature: _____

Print Name: _____

Title: _____ Date: ____/____/____

*A3H will contact member to coordinate monthly ticket trade arrangement