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2015 RENEWAL FORM

VisitAruba Plus

Card membership

**PLEASE PRINT OUT, FILL IN,
 AND FAX TO (297) 582-6102**

Last Name: _____ Middle Initial: _____

First Name: _____

Membership #: _____ as shown on your previous VisitAruba Plus card

E-mail: _____

Arrival date: ____ / ____ / ____
 (month) (day) (year)

I would like to periodically receive email, or postal mail notification of new features, sweepstakes and special offers from VisitAruba.com

I would like my card sent to me by mail.

I would like my card delivered to my hotel. Name of Hotel: _____

IMPORTANT: Faxed applications specifying delivery to a hotel/resort on an arrival date sooner than five (5) working days from the date of receipt of the fax order incur a short notice charge of US\$2.00

In lieu of my credit card imprint, I, _____
 (Name of Cardholder as Shown on Credit Card)

hereby authorize Carib Media Marketing & Consultancy N.V. to charge to my:

 (VISA/MASTERCARD) (Card Number) (Exp.Date) (Card Holder's signature)

the amount of US\$12 being payment for the VisitAruba Plus 2015 membership period December 1, 2014 until December 1, 2015, PLUS US\$4.95 (for shipping & handling to the USA or CANADA) OR US\$4.95 (for shipping & handling to the REST OF THE WORLD) OR US\$3.95 (for delivery to my hotel/resort), PLUS US\$ _____ for a short notice order. The total amount to be charged to my card is US\$ _____

I have read and understand fully, the cardmember agreement regarding usage of the VisitAruba Plus card and agree to abide by it.

TERMS & CONDITIONS: This form signifies acceptance of charges specified in writing by the cardholder and that will be billed to the cardholder. We accept credit card orders only (Visa, Mastercard). Faxed identification is required in the form of Passport or Driver's License of Cardholder. Incomplete or false information shall be considered sufficient cause for denial of services. WE CANNOT ACCEPT PERSONAL/BANKER'S CHECKS - CREDIT CARD ONLY. THANKS!