

BAHAMAS HOTEL ASSOCIATION

**P. O. BOX N-7799
NASSAU, BAHAMAS**

**TELEPHONES: (242) 322-8381-4/502-4220
FAX: (242) 502-4221 E-mail bha@bahamashotels.org**

**APPLICATION FORM
ALLIED MEMBER**

**Allied membership shall be open to purveyors of merchandise and. services to hotels.
An Allied Member shall pay annual dues of three hundred (\$300.00) dollars.
Dues for the first fiscal year must accompany application.**

I hereby apply for Allied Membership in the Bahamas Hotel Association:

NAME OF FIRM: _____

NAME OF REPRESENTATIVE: _____

TITLE OF REPRESENTATIVE: _____

TYPE OF BUSINESS: MAILING ADDRESS OF FIRM: _____

TELEPHONE NUMBER: _____ Fax: _____

WEBSITE/EMAIL ADDRESS: _____

BUSINESS LICENSE #: _____

RECOMMENDED FOR MEMBERSHIP BY: _____

DATE: _____ SIGNATURE: _____

FOR OFFICIAL USE

Decision: _____ Date: _____

**BAHAMAS HOTEL ASSOCIATION
MEMBERSHIP APPLICATION**

INVOICE

Articles Of Association

Section V
Fees and Dues

Dues

An **Allied Member** shall pay annual dues of three hundred (\$300.00) dollars.

\$ _____

TOTAL

\$ _____

Note: Fees where applicable and dues for the first fiscal year must accompany this application.