



**BAHAMAS HOTEL & TOURISM ASSOCIATION**

**TIN: 100436600**

**P.O. Box N 7799**

**Nassau, The Bahamas**

**Telephone: (242) 322-8381/4**

**Fax: (242) 502-4220**

**Email: [bhta@bahamashoteltourism.org](mailto:bhta@bahamashoteltourism.org)**

**OPERATOR MEMBER APPLICATION**

Any person, firm or corporation operating a hotel of not less than five rooms, licensed by the Hotel Licensing Board, shall be eligible for Operator Membership in the name of such hotel. Applications for membership are submitted to the Board of Directors for approval. Membership fees include: (1) a one-time entrance fee; and (2) annual dues and assessment fees based upon the number of licensed rooms.

BHTA members are automatically enrolled as members in the Caribbean Hotel & Tourism Association (CHTA). CHTA dues are included in the BHTA assessment fees for members with 50 or more rooms. CHTA dues for BHTA members with less than 50 rooms are \$287.50 annually and are added to their annual BHTA membership statement.

BHTA Operator Members should also be members in their respective Promotion Board.

An Operator Member shall pay an entrance fee of two (\$2.00) dollars per room but not less than one hundred and fifty (\$150.00) dollars.

An Operator Member shall pay annual dues of ten (\$10.00) dollars per room but not less than two hundred

**I hereby apply for Allied Membership in The Bahamas Hotel & Tourism Association (BHTA) and submit hereto relevant information needed for the approval and processing of my application:**

**PLEASE TELL US ABOUT YOUR PROPERTY**

**Name of Hotel:** \_\_\_\_\_ **TIN:** \_\_\_\_\_

**Description of Operation:** Hotel  Apartment Hotel  Guest House  Condominium  Timesharing  Other

**Location of Hotel:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Number of Rooms:** Hotel Rooms \_\_\_\_\_ Condominium Rooms \_\_\_\_\_

Timesharing Rooms \_\_\_\_\_ Other Total Rooms \_\_\_\_\_

**Restaurant/Dining Facilities:** Yes  NO

**If your answer to the above is YES, please state number of seats:** \_\_\_\_\_

**Do you have Bar or Lounge Facilities:** Yes  No

If your answer to the above is YES, please state number of seats: \_\_\_\_\_

What is your approximate number of employees: \_\_\_\_\_

**NAME OF OWNER**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Email: \_\_\_\_\_ Alternative Email: \_\_\_\_\_

Telephone №: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell №: \_\_\_\_\_

Name of Senior Operating Executive: \_\_\_\_\_

Financial Reference: \_\_\_\_\_

Name and title of active member representing property (if different from owner):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of representative for Middle Management:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title for Middle Management: \_\_\_\_\_

**On-Premises Facilities:**

Beach  Bicycle Riding  Boating  Entertainment  Fishing Golf  Handicapped   
Facilities  Horseback Riding  Jogging Paths  Parasailing  Pets Allowed  Scuba Diving   
Spa/Sauna  Shopping  Swimming Pool  Tennis  Water Skiing

Business License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Hotel License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I certify that the above information to the best of my knowledge is correct and true, and I agree that this property which I represent will honour the policy decisions of the Bahamas Hotel & Tourism Association.

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

Title: \_\_\_\_\_

**For Official Use:**

Application Approved  Application Denied

Executive Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

*All dues become due on your anniversary date and notices will be mailed to you accordingly.*

**Re: BHTA Articles Of Association**  
Section V, Fees and Dues

**Entrance Fee – new member**

An Operator Member shall pay an entrance fee of two (\$2:00) dollars per room, but not less than one hundred and fifty (\$150.00) dollars).

(\_\_\_\_ Rooms @ \$2.00 per room) ..... \$\_\_\_\_\_

**Dues**

An Operator Member shall pay annual dues of ten (\$10.00) dollars per room but not less than two hundred (\$200.00) dollars)

(\_\_\_\_ Rooms @ \$10 per room) ..... \$\_\_\_\_\_

**Assessments (fee based upon number of rooms)**

An Operator Member shall pay assessment per room as follows:

- 5 – 50 rooms (\_\_\_\_ Rooms @ \$17.50 per room) ..... \$\_\_\_\_\_
  - Plus, CHTA Dues – \$287.50 ..... \$\_\_\_\_\_
- 51 – 75 rooms (\_\_\_\_ Rooms @ \$22.50 per room) ..... \$\_\_\_\_\_
  - Plus, CHTA Dues – ..... \$\_\_\_\_\_
- 76 – 200 rooms (\_\_\_\_ Rooms @ \$25.00 per room) ..... \$\_\_\_\_\_
  - Inclusive of CHTA Dues ..... \$\_\_\_\_\_
- 201+ rooms (\_\_\_\_ Rooms @ \$26.50 per room) ..... \$\_\_\_\_\_
  - Inclusive of CHTA Dues ..... \$\_\_\_\_\_

**Value Added Tax** \$\_\_\_\_\_

**TOTAL** \$\_\_\_\_\_

**Note: Fees where applicable and dues for the first fiscal year must accompany this application. Please make payable to Bahamas Hotel& Tourism Association.**

**For additional information contact: 242-322-8381**

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