



# BAHAMAS HOTEL & TOURISM ASSOCIATION

TIN: 100436600

P.O. Box N 7799

Nassau, The Bahamas

Telephone: (242) 605-8126

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 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 (\$200.00) dollars and an assessment which varies according to number of rooms (see page3).

All dues and assessments become due on January 2 and shall be paid by January 31. Fees where applicable and dues for the first fiscal year must accompany application.

***Dues for the first fiscal year must accompany application.***

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: \_\_\_\_\_

**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) ..... \$\_\_\_\_\_
  
- 51 - 75 rooms (\_\_\_\_\_ Rooms @ \$22.50 per room) ..... \$\_\_\_\_\_
  
- 76 - 200 rooms (\_\_\_\_\_ Rooms @ \$25.00 per room) ..... \$\_\_\_\_\_
  
- 201+ rooms (\_\_\_\_\_ Rooms @ \$26.50 per room) ..... \$\_\_\_\_\_

**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: 242-605-8126**

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