

**BAHAMAS HOTEL ASSOCIATION**

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

TELEPHONES: (242) 322-8381-4/502-4221  
FAX: (242) 502-4220 E-mail [bha@bahamashotels.org](mailto: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 (\$350.00) 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 and fifty (\$350.00) dollars.

\$ \_\_\_\_\_

**TOTAL**

\$ \_\_\_\_\_

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