



BELIZE HOTEL ASSOCIATION

#13 Cork Street

P. O. Box 2480

Telephone/Fax: 223-0669

E-mail: bha@btl.net

Website: www.belizehotels.org

ALLIED MEMBER APPLICATION FORM

MEMBER INFORMATION:

Name: _____

Contact Person: _____

Physical Address: _____

Mailing Address: _____

City, District: _____

Telephone: _____ **Fax:** _____

Email: _____ other e-mail contact: _____

Web Address: _____

Description of business and services offered: _____

DISCOUNT INFORMATION:

Most members extend discount to their fellow BHA members. Please indicate below the discount details you are offering.

Member of the Belize Hotel Association: Yes No Need more information

Person authorized to offer Benefits/Discount Package: _____

Position with the company/establishment: _____

Member to Member Benefit/Discount being offered: _____

Annual Dues:	
Allied Member:	\$600.00

Date of Application: _____