



B.A.C.A.

BAY AREA CONCIERGE ASSOCIATION

P.O. Box 14403

St. Petersburg, FL 33733

www.BayAreaConcierge.com

Affiliate Membership Application

MEMBER INFORMATION

(Please type or print legibly, filling out all information, including zip code)

Name _____ Title _____

Business Type _____

Company Name _____

Address / City / State / Zip _____

Office Phone _____ Cell Phone _____

Email _____ Referred by: _____

SELECT MEMBERSHIP TYPE:

Affiliate Membership – Annual membership for hospitality related business **\$150.00 / year**

Additional Business – If a current member has an additional business, they can join at a reduced rate for each additional business and must still meet the requirements for the Affiliate Membership. **\$50.00 / year**

Criteria to Join: Valid for Hospitality Industry Businesses and Organizations who have a Direct Relationship to services/attractions that a Concierge, etc., would offer a guest or client to include:

- Attractions – such as Theme Parks, Zoos, Aquariums, Museums, etc.
- Transportation Providers – such as Limousines, Motor Coach, Rental Cars & Boats
- Tourism Marketing & Publication Representatives
- Golf Clubs, Sports Teams
- Dining Yachts and Restaurateurs.

Membership includes

- Contact Details on B.A.C.A. Website Membership Page w/Link to members website
- Company Logo displayed on B.A.C.A. Website Affiliate Page w/Link to member website
- Special Announcement in Social Media Post
- Introduction at Monthly Membership Meeting or Monthly Events

For the Affiliate Associate Members, the membership belongs to the business or organization and is transferrable to other representatives of that business or organization.

Membership is subject to approval by the Membership Committee and must be renewed annually, no later than the annual anniversary date based on date originally joined. For existing Members who wish to renew, applications and payment of dues are expected to be received no later than 30 days past their annual anniversary date. I agree to notify the Membership Committee within one month of any changes in status.

I have enclosed my check/money order payable to Bay Area Concierge Association for the appropriate amount. **Use a separate application form for any additional businesses.**

Signature of Applicant _____ Date _____

Signature of Owner or Manager _____ Date _____

For Office Use Only

Deposit Date: _____ Chk No: _____ Amt: _____ Website _____ Social Media _____ Quickbooks _____