



B.A.C.A.

BAY AREA CONCIERGE ASSOCIATION

P.O. Box 14403

St. Petersburg, FL 33733

www.BayAreaConcierge.com

HOTEL APPLICATION

HOTEL INFORMATION

(Please type or print legibly, filling out all information, including zip code. Use a separate application form for each location.)

Hotel Name _____

Address / City / State / Zip _____

Primary Contact _____ Email _____

Title _____ Referred by: _____

Office Phone _____ Cell Phone _____ - _____

Billing Contact _____ Email _____ - _____

Website _____

Corporate Hotel Membership – This membership is renewable 12 months from date of joining. **\$225.00 / year / per location ...**

Criteria to Join: Valid only for Hotels, Resorts, Inns, or Bed & Breakfasts servicing the Leisure or Business Travel Industry.

Must have a concierge, guest services, or front-desk agent on staff who would be a point of contact for a guest seeking information or referrals to local restaurants or attractions in the area. This would also include transportation, museums, and special celebrations to be setup upon arrival during their stay.

Ownership: For Corporate Hotel Members, the membership belongs to the hotel, business or organization and can include different representatives of the hotel, business or organization.

Here is what's included:

- Contact details on B.A.C.A. Website Membership Page w/Link to members website
- Hotel Logo displayed on B.A.C.A. Website Hotel Page w/Link to hotel website
- Participation on monthly membership events and meetings
- Special Announcement in Social Media Post
- Introduction at Monthly Membership Meeting or Networking Events

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

Signature of Manager or Owner

Date

For Office Use Only

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