



**BELIZE HOTEL ASSOCIATION**

*#13 CORK STREET,  
P. O. BOX 2480  
BELIZE CITY, BELIZE*  
Tel: 501-223-0669 / 671-0669  
Fax: 501-223-1328

E-mail: [bha@btl.net](mailto:bha@btl.net) Website: [www.belizehotels.org](http://www.belizehotels.org)



CARIBBEAN  
HOTEL & TOURISM  
ASSOCIATION

(Member)

**HOTEL MEMBERSHIP APPLICATION**

(Please print clearly or type)

**Property Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact's Title/ Position:** \_\_\_\_\_

**Contact's E-mail:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, District:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Hotel's E-mail:** \_\_\_\_\_

**Secondary E-mail:** \_\_\_\_\_

**Toll free #:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**PROPERTY INFORMATION**

**# Of rooms:** \_\_\_\_\_

**# Of employees:** \_\_\_\_\_

**Description of business and services offered:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Price range:** \_\_\_\_\_

**Facilities:** \_\_\_\_\_

\_\_\_\_\_

**AMENITIES:**

<i>Beach Location</i>	<i>Jungle Location</i>	<i>City Location</i>	<i>Restaurant</i>	<i>Bar</i>
<i>Swimming Pool</i>	<i>Fitness Center</i>	<i>Conference Room</i>	<i>Laundry Service</i>	<i>Spa</i>
<i>Internet/Wi-Fi</i>	<i>Maid Service</i>	<i>Room Service</i>	<i>Air Conditioning</i>	<i>Ceiling Fans</i>
<i>Iron and Ironing board</i>	<i>Hair Dryer</i>	<i>Safety Deposit Box</i>	<i>Jacuzzi/Hot Tub</i>	<i>Babysitting Services</i>
<i>Tour Desk</i>	<i>Dive/Snorkel Shop</i>	<i>Bicycle Rental</i>	<i>Horseback Riding</i>	<i>Casino</i>
<i>Tennis Court</i>	<i>Volleyball</i>	<i>Kayaking</i>	<i>Sailing</i>	<i>Motorboat Sports</i>
<i>Fishing</i>	<i>All-Inclusive</i>	<i>Helicopter Pad</i>	<i>Kitchen</i>	<i>Extended Stay</i>

**DEPARTMENT CONTACT**

Please complete the following contact information

**General Manager**

**Sales & Marketing**

Name \_\_\_\_\_

Name \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

**DISCOUNT INFORMATION:**

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

**Please put a mark in the appropriate box:**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Application:** \_\_\_\_\_

*Return form via fax: 501-223-1328*

Or mail:

Belize Hotel Association Membership  
P.O. Box 2480, 13 Cork Street  
Belize City, Belize