

# Membership Benefits



## H O T E L M E M B E R S

- Certificate and Seal recognizing you as a member of the Belize Hotel Association
- Half Page Resort listing in the printed Belize Hotel Accommodation Guide (copies will be distributed worldwide)
- Full Page Resort listing in digital form of the Belize Hotel Guide (QR Code can be scanned worldwide)
- Advertisement on the BHA Channel
- Customized interactive Belize Map with Member listing and physical location, with unlimited copies distributed worldwide
- Hotel Webpage to be listed on [www.belizehotels.org](http://www.belizehotels.org) (editing upon request)
- Representation at Travel Trade/Consumer/Road Shows/Sales Calls Workshops with consumers and Travel Trade Professionals in Europe, North America, South America and Canada
- You will have access to leads collected from BHA website, Road Show and also Travel Trade & Consumer Shows
- Excellent exposure through direct contact with Press, Media, Bloggers, Travel Writers, Travel Agents & Wholesalers and Travel Magazine
- Hotel Operator Advocacy in Belize, protecting the interests of hoteliers
- Exclusively – Part of the board for BTIA/BTB, Airlift Committee, Tour Operators Committee, Quality Assurance & Bureau Of Standards Committee & Sargassum Task Force.
- BHA members are qualified to become members of the Caribbean Hotel Association (CHTA), Caribbean Tourism Organization (CTO) & Belize Chamber of Commerce & Industry (BCCI).
- Shared Experience, Networking and Advice from BHA members just like you
- Training & Workshops for Operations & Marketing Success
- Access to BHA database (upon request)
- Administrative full-time office staff & Board support

### To become a member submit:

- Completed application form
- Certificate of Incorporation (BCCAR version)
- Certificate of Good Standing (BCCAR version)
- BTB Accommodation License

*We're Better Together!*



Email: [membership@belizehotels.org](mailto:membership@belizehotels.org) || Phone Number: +501 223- 0669 / +501 632-0398

WWW.BELIZHOTELS.ORG

# Application Form

## Hotel Members



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

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

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

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Toll free: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary e-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

Business Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Primary Contacts

General Manager Name: \_\_\_\_\_

Email: \_\_\_\_\_

Finance Manager Name: \_\_\_\_\_

Email: \_\_\_\_\_

Marketing Manager Name: \_\_\_\_\_

Email: \_\_\_\_\_

Human Resource Manager Name: \_\_\_\_\_

Email: \_\_\_\_\_

*We're Better Together!*



(Please Print CLEARLY or TYPE)

# Property Information

Number of employees, each room types & rates

No. of employees: \_\_\_\_\_

Total # of Rooms: \_\_\_\_\_

| No. of Rooms. | Type of Room(name) | High Season Rate USD | Low Season Rate USD |
|---------------|--------------------|----------------------|---------------------|
|               |                    |                      |                     |
|               |                    |                      |                     |
|               |                    |                      |                     |
|               |                    |                      |                     |
|               |                    |                      |                     |
|               |                    |                      |                     |
|               |                    |                      |                     |
|               |                    |                      |                     |

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

Amenities: \_\_\_\_\_  
\_\_\_\_\_

**Please indicate below the discount details you are offering, if any. This offer will be extended to only BHA Members.**

Willing to participate in the program:    Yes            No            Need more information

Person authorized to offer Benefits/Discount: \_\_\_\_\_

Position with the company/establishment: \_\_\_\_\_

Member to Member Benefit/Discount being offered:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
**Applicant Position**

\_\_\_\_\_  
**Company Stamp Above The Line**

\_\_\_\_\_  
**Applicant Signature**

Upon receipt of your application and all required documents, please allow up to 5 business days for processing.  
You will receive an update once the necessary vetting is complete.