

# B.A.C.A.

**BAY AREA CONCIERGE ASSOCIATION**

P.O. Box 15464, Tampa, FL 33684

[www.BayAreaConcierge.com](http://www.BayAreaConcierge.com)

## **2010 Membership Application**

### **Member Information**

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

Name \_\_\_\_\_ Title \_\_\_\_\_

Hotel/Business \_\_\_\_\_

Hotel/Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### **Membership and Dues**

*(Membership being applied for)*

\_\_\_\_\_ Full Membership (\$55/year per person - up to 5 memberships allowed per hotel)

\_\_\_\_\_ Affiliate Associate Membership (\$175/year)

\_\_\_\_\_ Sponsor Membership (\$100/year)

### **Membership Requirements**

Only concierges and primary guest service providers in a hotel or office building environment, employed for the last six months, will be considered for Full Membership. Applicants for Associate Membership must be those who have direct relationship to services that a concierge offers a guest or client.

Any changes of employment must be made known to the Board of Directors within one month.

*I hereby certify that the information listed on this application is true. I also agree to abide by the by-laws of the Bay Area Concierge Association as they now stand, and as they are amended during the term of this proposed membership. I understand that membership is subject to approval by the Membership Committee and must be re-applied for each year. The term of membership is for the calendar year running from the first day of January to the 31st day of December. I also understand the membership is non-transferable and non-refundable and belongs to the individual, not the hotel. For Associate Members, the membership belongs to the business or organization and is transferable to another representative of the business or organization. I agree to notify the Membership Committee within one month of any changes in my employment status.*

*I have enclosed a check or money order payable to the **Bay Area Concierge Association** for the appropriate amount.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of General Manager