



B.A.C.A.

BAY AREA CONCIERGE ASSOCIATION

P.O. Box 14403

St. Petersburg, FL 33733

www.BayAreaConcierge.com

Concierge 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:

Individual Membership - Annual membership for 1 person (non-transferrable). **\$75.00 / year**

Standard Concierge Membership - Annual Corporate membership: Included 2 Hotel Concierge/ Front Office Staff. **\$150.00 / year / per location**

Corporate Concierge Membership - Annual Corporate membership: Included 3 Hotel Concierge/ Front Office Staff. **\$225.00 / year / per location**

Criteria to Join: Valid only for Bonafide Primary Front-line Guest Services Providers in a Hotel, Condominium, Hospital or Office Building environment to include:

- Hotel Lobby & Executive Lounge Concierges
- Hotel General Managers, Rooms Directors, Front Desk Managers
- Assistant Managers & Associates
- Guest Services Directors/Managers
- Bell Captains & Bellmen
- Welcome Center Managers & Associates.

Membership also includes business listing on B.A.C.A. website, introduction in monthly newsletter, special announcements to membership, mention in social media posts and monthly membership meetings.

For Standard and Corporate Concierge Members, the membership belongs to the hotel, business or organization and is transferable to other representatives of the hotel, 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. **Please complete a separate application form for each location.**

Signature of Applicant _____ Date _____

Signature of Owner or Manager _____ Date _____

For Office Use Only

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