



Brighton & Hove Hotels Association

Membership Application Form

2016

Application Type: New Member Renewal/Annual Subscription*

* Have you changed any of your details since your registration? Yes No

If No, you only need to fill in Sections 3 and 4. If yes, please fill in all sections to update your details in our record.

Registration Type: Single Establishment Multi-Establishment**

** For Multi-Establishment Registrations, please fill in details of all of your establishments in Section 5 in the following page.

1. ADMIN CONTACT DETAIL

Name:	Mr/Mrs/Ms/Miss		
Position:	<input type="checkbox"/> Proprietor/Director	<input type="checkbox"/> Manager	<input type="checkbox"/> Other:
Street Address:			
Town:		Postcode:	
Telephone Number:		Email***:	

*** Please complete all boxes for us to fully process your membership – and don't forget to include your main email address to ensure you are kept fully up-to-date.

2. ESTABLISHMENT DETAILS (Single Establishment Registration)

Establishment Type:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Guesthouse / B&B	<input type="checkbox"/> Other:
Establishment Name:			
Contact Person Name:	Mr/Mrs/Ms/Miss		
Street Address			
Town		Postcode	
Telephone Number:		Email:	
No. of Bedrooms		Total no. of Bed-spaces:	
Rating:	<input type="checkbox"/> ETB/AA:	<input type="checkbox"/> Self-Rating:	<input type="checkbox"/> Other:

3. PAYMENT DETAIL

Payment Method Cheque† BACS‡

Amount to be Paid

£

† Please make cheque payable to **Brighton Hove Hotels Association** and send with this application form (completed) to:

BHHA, c/o Alex Cooke, 22 Devonshire Place, Brighton, BN2 1QA

‡ Please remit to **Brighton & Hove Hotels Association Account**

Account No: **71227238** – Sort Code: **40-14-03**

Please use the name of your establishment as the remittance reference; and a completed form can be emailed to info@brightonhovehotels.co.uk.

I have deducted £10 as I am paying before Tuesday 11 February 2014.

This remittance applies to all the self-rated & accredited guest accommodations I own across one or more buildings, and accurately reflects the total number of guest rooms.

MEMBERSHIP FEES

Up to 14 Bedrooms	£77
15 – 24 Bedrooms	£105
25 – 44 Bedrooms	£126
Over 45 Bedrooms	£155

Please state the total number of rooms across all of your properties/establishments.	Rooms
Please state your Registration Reference Number (NB: Only for Membership Renewal/Annual Subscription)	

4. DECLARATION

I/We would like to join the Brighton & Hove Hotels Association (BHHA) and confirm that my/our hotel(s)/guesthouse(s) complies with all the legal requirements and voluntary codes of the BHHA.

Signed: _____ Name: _____ Date: _____



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5. ESTABLISHMENT DETAILS (Multi-Establishment Registration)

Establishment Type:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Guesthouse / B&B	<input type="checkbox"/> Other:
Establishment Name:			
Contact Person Name:	Mr/Mrs/Ms/Miss		
Street Address			
Town		Postcode	
Telephone Number:		Email:	
No. of Bedrooms		Total no. of Bed-spaces:	
Rating:	<input type="checkbox"/> ETB/AA:	<input type="checkbox"/> Self-Rating:	<input type="checkbox"/> Other:
Establishment Type:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Guesthouse / B&B	<input type="checkbox"/> Other:
Establishment Name:			
Contact Person Name:	Mr/Mrs/Ms/Miss		
Street Address			
Town		Postcode	
Telephone Number:		Email:	
No. of Bedrooms		Total no. of Bed-spaces:	
Rating:	<input type="checkbox"/> ETB/AA:	<input type="checkbox"/> Self-Rating:	<input type="checkbox"/> Other:
Establishment Type:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Guesthouse / B&B	<input type="checkbox"/> Other:
Establishment Name:			
Contact Person Name:	Mr/Mrs/Ms/Miss		
Street Address			
Town		Postcode	
Telephone Number:		Email:	
No. of Bedrooms		Total no. of Bed-spaces:	
Rating:	<input type="checkbox"/> ETB/AA:	<input type="checkbox"/> Self-Rating:	<input type="checkbox"/> Other:
Establishment Type:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Guesthouse / B&B	<input type="checkbox"/> Other:
Establishment Name:			
Contact Person Name:	Mr/Mrs/Ms/Miss		
Street Address			
Town		Postcode	
Telephone Number:		Email:	
No. of Bedrooms		Total no. of Bed-spaces:	
Rating:	<input type="checkbox"/> ETB/AA:	<input type="checkbox"/> Self-Rating:	<input type="checkbox"/> Other:

Note: If you want to register more establishments, please attach separate sheet.