



BEOA

BAHAMAS EXCURSION OPERATORS ASSOCIATION

Membership Application

Name of business: _____

Nature of business: _____

Number of vessels: _____ Number of employees: _____

Persons to represent membership: _____

Primary location of business: _____

Telephone: _____ Email: _____

Website: _____

Year business established: _____

Beneficial ownership - % Bahamian _____ % Foreign _____

Managing Director: _____

Signature: _____ Date: _____

Required support documents



Proof of insurance



VAT registration



Business licence certificate



Port vessel registration



NIB Registration