



Membership Application

Type of Membership: Hotel Motel Allied Brew Pub Tavern
Licenced Restaurant Nightclub

No of Rooms (if applicable): _____

Name of Business: _____

Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name of Owner(s): _____

Name of Manager: _____

Annual Membership Fee: **\$1,380.00** + GST: **\$69.00** TOTAL: **\$1,449.00**

I have enclosed with this application:

(A) A CHEQUE for the annual dues of the Association

(B) VISA or AMERICAN EXPRESS #: _____ EXPIRES: _____

#302 – 2080 Broad Street S4P 1Y3 306 – 790 – 1045 info@hospitalitysk.ca