



MEMBERSHIP APPLICATION

Name of Business: _____

Number of Rooms (if applicable): _____

Mailing Address: _____

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

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name of Owner(s): _____

Name of Manager: _____

I have enclosed with this application:

A CHEQUE for the Annual dues of the Association. \$390.00 + GST: \$19.50 TOTAL: \$409.50

CREDIT CARD #: _____ EXPIRES: _____ SC: _____

Monthly Payments: \$32.50 per month + GST \$1.63 TOTAL MONTHLY: \$34.13

Dated and signed at _____ this _____ day of _____

Applicant's Signature