



## Membership Application

Type of Membership: Hotel  Motel  Affiliate  Brew Pub  Tavern  RSP   
Quick Service Restaurant  Licenced Restaurant  Nightclub   
Casino  Event Centre

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: \$390.00 + GST: \$19.50 TOTAL: \$409.50

**I have enclosed with this application:**

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

(B) VISA or AMERICAN EXPRESS #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

Dated and signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature