

Membership Application

Type of Membership: Hotel Motel Affiliate 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: \$865.00 + GST: \$43.00 TOTAL: \$908.00

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