

## 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: \$275.00 + GST: \$14.00 TOTAL: \$289.00

**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