INSTITUTE OF HOSPITALITY APPLICATION FORM

Please complete ALL sections in BLOCK CAPITALS and return to:
Institute of Hospitality, Counting House, 14 Palmerston Road, Sutton, Surrey, SM1 4QL, UK.

1. CONTACT DETAILS

Mr/Mrs/Miss/Ms/Other.....Surname .....

Forename(s) .....

Maiden Name (if applicable).....

Date of Birth.....

Business/Employment Address

Job Title .....

Full Name of Organisation.....

Address Line 1.....

Address Line 2.....

Town.....Tel .....

County .....Fax .....

Postcode/Zip.....Mobile/Cell.....

Country .....Email .....

Company Website.....

Home Address

Address Line 1.....

Address Line 2.....

Town.....Tel .....

County .....Fax .....

Postcode/Zip.....Mobile/Cell.....

Country .....Email .....

Please indicate at which address you wish to receive Institute of Hospitality correspondence:

☐ Work ☐ Home

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Member no:	Date of Admission:

2. BRANCH/GROUP DETAILS

As a member of the Institute of Hospitality you will be automatically affiliated to a local branch which is the closest geographically to your preferred mailing address. A full list of current branches/groups is available on the Institute website.

If you wish to be affiliated with a branch/group other than by geographical proximity, please contact the Membership Team.

3. ELECTRONIC PRIVACY

☐ By ticking this box I agree that the Institute of Hospitality may use my email address to contact me regarding Institute and Hospitality related information and that such communications may include information relating to the services of the Institute as well as products or services from other Hospitality related organisations.

4. DATA PROTECTION

The Institute of Hospitality will hold your personal data on a computer database. This information may be accessed, reviewed and used by the Association for administrative purposes (for example, processing your membership renewal and contacting you in respect of your membership) and conducting marketing research.

☐ The Institute of Hospitality will pass on your details to its branches. If you do not wish for this information to be provided, please tick here.

5. APPLICATION FEE

A membership fee of **£80.00** is charged to cover administration and initial subscription. Please note that this is non-refundable.

Please enclose payment by one of the following methods (tick one)

☐ I enclose a cheque/cash/postal order made payable to the Institute of Hospitality

☐ I wish to pay by Visa/MasterCard/Maestro/Delta/American Express
(Delete as applicable and complete the box below) **Please note we cannot accept Visa Electron.**

Please debit my card number

Start date ..... Expiry date .....

Security code…….

Signature ..... Name .....
.....

5. DECLARATION (to be completed by all applicants)

I, the undersigned, certify that the statements contained herein are true. I agree that in the event of my election to any membership grade, I will be governed by the Memorandum and Articles of the Association and I will advance the objectives of the Institute as far as lies in my power. In the event of wishing to terminate my membership, I will submit my resignation in writing to the Institute, and after payment of any arrears that may be due from me at that time, I will be free of further obligation.

Full Name .....

Signature ..... Date .....

For further information and enquiries, please contact the Membership Team on:
Tel: +44 (0)20 8661 4900 or Email: membership@instituteofhospitality.org