

Application For Membership



Hospitality Finance, Revenue and IT Professionals

Title (Please tick)	Mr <input type="radio"/>	Ms <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Other (Please specify)
Forenames					
Surname					
Date of Birth				Nationality	
Job Title					
Company Name					
Parent Company					
Work Address					
Postcode					
Work Email					
Work Telephone					
Work Mobile					
Home Address					
Postcode					
Home Telephone					
Mobile					
Home Email					
Correspondence Address (Please tick)	Home <input type="radio"/>	Work <input type="radio"/>			

Which grade of membership are you applying for?

You would normally be granted Ordinary status, but if you wish to be considered for a higher grade then please indicate which and ensure you submit a CV to support your application. Corporate membership is available for 5 or more colleagues. Please call +44 (0)203 4188196 to discuss or email hospa@hospa.org.

Status (Please tick)	Ordinary <input type="radio"/>	Ordinary Student <input type="radio"/>	Associate <input type="radio"/>	Fellow <input type="radio"/>
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Payment Details

- Cheque enclosed (made payable to HOSPA) for a total of £.....(see our website www.hospa.org for rates).
- Credit/debit card payment - call +44 (0)203 4188196 to make a secure payment.
- BACS payment direct to Account no: 52785513 Sort Code: 60-03-12 IBAN: GB90 NWBK 6003 1252 7855 13.
- Invoice required – please give name & address for invoicing below.

Subscription Choice

Our Association recognises the importance of sustainable activities and would like to offer you two options for membership subscription:

- Full annual membership - which includes the monthly journal sent to you in the post.
- 'Lite' annual membership - which includes the monthly journal sent to you by email only - saving you £25 on your fees.

Full annual membership 'Lite' annual membership

Invoice Details (If different from company address overleaf)

Address

Postcode

Referee Details

Please indicate a person who will act as a referee for you (e.g. an existing member of HOSPA or your line manager).

Name of Referee

Job Title

Company

Address

Postcode

Email

Signature of Referee

Declaration

I declare that the statements on this form are true. I agree that, in the event of my election to any grade of membership, I will be governed by the rules of HOSPA as they now exist and as they may be altered in the future. I will endeavour to advance the objectives of the Association as far as this lies in my power. If I want to leave HOSPA, I will submit my resignation to the administrator in writing. After payment of any arrears that may be due from me at that time and returning my membership certificate, which I recognise to be the property of the Association, I will be free of any obligation to the Association.

By signing this form, you consent to receiving correspondence and notices by email.

Your Signature

Date

On occasion, HOSPA may agree to provide industry parties with the names and addresses of members who may be interested in their services. Please tick here if you would not like to be included within such a mailing.

Mailing Checklist

- Completed application form.
- CV.
- Payment (including joining fee & first year's subscription).

Please return form to:

HOSPA Membership and Education Services,
Longdene House, Haslemere, Surrey, GU27 2PH

T +44 (0)203 4188196 | E hospa@hospa.org
www.hospa.org