RENEWAL OF HOTEL MEMBERSHIP

FORM TO BE FILLED IN BLOCK (CAPITAL) LETTERS ONLY.
THE SAME SHOULD BE LEGIBLE.

Date : _____

Membership No.: _____

RENEWAL OF MEMBERSHIP FOR THE YEAR 2021 - 2022

♦ **1** Name of the Establishment: _____

  Legal Name of the Establishment: _____

♦ **2** Enclosed Cheque / Demand Draft No. _____ Dated _____ for ₹ _____

  Towards payment of the Annual Membership Subscription for the year _____ as per the subscription invoice received

  from the Association. **(Kindly share your UTR No. if payment done by RTGS/NEFT) ***

  GST No. _____ (Kindly enclose a copy of the latest GST Challan)

♦ **3** Kindly note that there is ☐ no change in our address/or ☐ our communication address is as under : **(please tick ☑)**

  Address : _____

  City : _____ State : _____ Pin Code : _____

  Tel : _____ Mobile : _____ Fax : _____

  Billing E-mail : _____ Web : _____

♦ **4** We request you to please send all circulars and emails to the following email Id's:*

  • Representative Name: _____ Designation: _____

    E-mail: _____ Mob. No. :_____

  • General Manager Name:_____

    E-mail:_____ Mob. No.:_____

  • Owner/Chairman Name:_____

    E-mail:_____ Mob. No.:_____

♦ **5** Information required for use during Annual Elections:

  Email Address: where election related information will be sent _____

  Mobile Number: For receiving OTP: _____

♦ **6** Is The Hotel Classified by the Ministry of Tourism Yes / No Star Category _____

♦ **7** As on date the number of rooms in our Hotel comprise of: **Single** _____ **Double** _____ **Suite** _____ **Total** _____

♦ **8** As on date the seating capacity in our F & B Outlet comprise of: **Restaurant** _____ **Bar** _____ **Banquets** _____

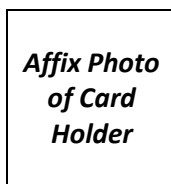 We request that the Regional Membership Cards to be issued to the following representatives:

<u>CARD HOLDER – 1:</u>	<u>CARD HOLDER – 2:</u>
Affix Photo of Card Holder Name : _____ Designation: _____ Mobile : _____	*Affix Photo of Card Holder* Name : _____ Designation: _____ Mobile : _____
_____ **AUTHORISED SIGNATORY OF CARD HOLDER**	_____ **AUTHORISED SIGNATORY OF CARD HOLDER**

♦ **RUBBER STAMP OF THE ORGANIZATION ***

♦ **All Fields Compulsory.**

Thanking you,

Yours faithfully.