

ASSOCIATION OF HOSPITALITY PROFESSIONALS

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MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE (Please tick one) CORPORATE INDIVIDUAL ALLIED BUSINESS

HOTEL RESTAURANT F & B RETAILS TRAVEL BUSINESS

Associate Membership (Executive) Associate Membership (Non-Executive)

Name Dr. Ms. Mr.
First Name Middle Name Last Name

E. Mail Mobile No.

Phone No. (R) Phone No. (O)

Please Paste
Latest
passport Size
Colour Photo

ADDRESS (CORRESPONDENCE) _____

PIN

EMPLOYMENT/ BUSINESS DETAILS

ORGANIZATION

DESIGNATION

ADDRESS (OFFICE) _____

PIN

E MAIL : _____ PHONE NO. _____

I am enclosing a D.D / Cheque / Cash for Rs. _____ in favour of "Association of Hospitality Professionals"
payable at New Delhi. D.D / ChequeNo. _____ dated _____ Bank Name _____
& branch _____.

Date _____

Signature of Applicant

FOR OFFICE USE ONLY

Membership Number Privilege Card Number

Referred By _____

Date _____

Authorised Signatory