

ASSOCIATION OF HOSPITALITY PROFESSIONALS

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MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE (Please tick one) COMPANY INDIVIDUAL
 ASSOCIATE HOTEL RESTAURANT INSTITUTE ALLIED INDUSTRY

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

BUSINESS

EMPLOYEE

STUDENT

ORGANIZATION

DESIGNATION

ADDRESS (OFFICE) _____

PIN

I am enclosing a D.D / Cheque / UPI/ Cash for Rs. _____ in favour of
"Association of Hospitality Professionals" payable at New Delhi. D.D / UPI Cheque No. _____
dated _____ Bank Name _____ & branch _____.

Date _____

Signature of Applicant

FOR OFFICE USE ONLY

Membership Number

Privilege Card Number

Referred By _____

Date _____

Authorised Signatory