

# 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