| SLHTA Membership Application form | | | | | |
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| Applicant Name: | | | | | Date: |
| Name of Establishment where employed: | | | | | |
| Physical Address of Establishment: | | | | | |
| Applicant’s Mailing Address: | | | | | |
| Applicant’s Home Tel #: | | | Work/Office Tel #: | Cell #: | |
| Fax #: | | | E-mail: |
| Date Employed: Occupation: | | | | | |
| Affiliate Member | **√** |
| Membership benefits and entitlements are restricted to the following: | | | | | |
| * **Group Medical Insurance** * **Training and Development Workshops** * **Conferences discounts** * **Member to Member discounts** | | | | | |
| ***By appending my signature to this document I hereby accept the terms and restrictions for this category of membership.***  ***\**** *This category of members (****Affiliate Member****) will* ***NOT*** *be eligible to vote or be eligible to participate at Annual General Meetings of the SLHTA.  This category of independent industry employee members will* ***NOT*** *be eligible to access the membership dues payment plan.* | | | | | |

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| **PLEASE PROVIDE A CURRENT JOB LETTER AND CURRICULUM VITAE WHEN APPLYING** |

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| Applicant Name (as provided above): | Name of Establishment where employed (as provided above): |
| Position: | Date:  Signature: |

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| **FOR SLHTA ADMINISTRATION PURPOSES ONLY** | | |
| Date Application  Received: | Receiving  Officer: |

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| Date of Interview: | FAO or Representative: |
| Date Board Approval Received: | Fin & Admin Officer: |
| Date Membership Letter dispatched: | Fin & Admin Officer: |
| Date Membership Dues received: | Fin & Admin Officer: |
| Date Entered on Accounts Database: | Accounts Clerk: |
| Date Entered on membership database: | Front Office Clerk: |
| Date Entered on SLHTA Database: | Front Office Clerk: |