| 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**
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| ***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: |