

SLHTA MEMBERSHIP APPLICATION FORM

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	<input checked="" type="checkbox"/>
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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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Applicant Name (as provided above):	Name of Establishment where employed (as provided above):
Position:	Date:
	Signature:

FOR SLHTA ADMINISTRATION PURPOSES ONLY

Date Application Received:	Receiving Officer:
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: