



ASSOCIATE membership is open to those industry members who have, within a 12-month period, completed an accredited area of hospitality related studies. The associate membership category will be available to these members for three(3) years.

ASSOCIATE MEMBERSHIP APPLICATION

please make cheque out for \$58.00, payable to NEWH
and mail/email to:

NEWH Membership
2840 Sideroad 10, PO Box 633
Beeton, Ontario L0G 1A0
fax 905.729.0884

chapter affiliation: **Toronto**

personal information:

last name: <input type="text"/>	home address: <input type="text"/> apt: <input type="text"/>
first name: <input type="text"/>	city: <input type="text"/>
middle initial: <input type="text"/>	province: <input type="text"/> postal code: <input type="text"/>
date of birth: <input type="text"/>	phone: <input type="text"/>
spouse/ significant other: <input type="text"/>	personal email: <input type="text"/>
	mailing preference: home: <input type="checkbox"/> business: <input type="checkbox"/>

business information:

date of graduation: <input type="text"/>	position: <input type="text"/>
type of business: <i>i.e., design, sales, hotel management, manufacturing, procurement, etc.</i>	company: <input type="text"/>
occupation: <i>brief description for use in Membership Directory</i>	address: <input type="text"/> suite: <input type="text"/>
	city: <input type="text"/>
	province: <input type="text"/> postal code: <input type="text"/>
	phone/ext: <input type="text"/>
	alt. phone: <input type="text"/>
	fax: <input type="text"/>
	cell: <input type="text"/>
type of product or service: <i>Where would you like to be listed in the Resource Section of the Directory</i>	business e-mail: <input type="text"/>
	web address: <input type="text"/>

please list two (2) industry references who have known or worked with you for at least one (1) year.

name: <input type="text"/>	company: <input type="text"/>	phone: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Statement of Applicant

In applying for membership in the NEWH, Inc., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, Inc.

signature: date:

please submit photo for Membership Directory - **email a digital photo to newh.membership@newh.org - be sure to include your name in the email**
By submitting your photo, you are agreeing to allow NEWH, Inc. to use it for promotional purposes

*The information provided on this application is confidential and will not be given, sold or rented to any organization, business, etc.
Only your business information will be included in the NEWH, Inc. Membership Directory. By applying for NEWH membership, you are agreeing to opt-in to
NEWH email, and agree to the NEWH Code of Ethics, Photo Release, and Member Logo Policy - see newh.org/member-agreement for details*

Cheque # _____ payable to NEWH Visa MC

Card number _____	Amt: \$ _____	Exp Date _____	CVC Code _____
Print name as shown on card _____	Billing Street Address _____		
Signature _____	Billing City _____	Province _____	Postal Code _____