

MEMBERSHIP APPLICATION

chapter affiliation: **Milano**

please complete application and €130 payment and submit to:

newh.membership@newh.org

personal information:

last name:
first name:
middle initial:

home address:
city:
country: postal code:
phone:
personal e-mail:
date of birth:

**personal information is not published or shared*

business information:

position:
company:
address/suite:
city:
country: postal code:
phone/ext:
cell: display cell on NEWH website? Yes ☐ No ☐

year entered industry:
type of business:
i.e., design, sales, hotel management, manufacturing, procurement, etc.
business e-mail:
web address:

Preference for: Mail: ☐ home ☐ business Email: ☐ personal ☐ business

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

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

Statement of Applicant

I apply to become a member of NEWH with immediate effect, upon and subject to the Memorandum of Association and Articles of Association of the Company. 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 the NEWH, Inc. By applying for NEWH membership, I am 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

signature: date:

Credit Card: ☐ Visa ☐ Mastercard

Amt: € 130 Exp Date CVC Code

Billing Street Address

Billing City Country Postal Code

Card number

Print name as shown on card

Signature

Email receipt to: