



8 Herbert Lane, Dublin 2. Tel: +353 1 662 4790. Fax: + 353 1 662 4789. Email: info@ihi.ie Website: www.ihi.ie

APPLICATION FOR MEMBERSHIP

C O N F I D E N T I A L

NB. Before completing all sections of the form, please read the criteria and note that it is in your own interest to supply as much information as possible. The Membership Approvals Committee will assess your application and award a grade on the basis of the information provided below.

Personal Details

1.SURNAME <input type="text" value="Mr/Mrs/Ms/Other"/>	7.BUSINESS NAME AND ADDRESS <input type="text"/> <input type="text"/> <input type="text"/> Tel: _____ Fax: _____ Email _____ Web: _____
2.FORENAME(S) (Please indicate by which name you prefer to be known) <input type="text"/>	PLEASE SEND MAILINGS TO: BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/>
3.DATE OF BIRTH 4.NATIONALITY <input type="text"/> <input type="text"/>	8.TYPE OF BUSINESS HOTEL <input type="checkbox"/> CATERING <input type="checkbox"/> RESTAURANT <input type="checkbox"/> COLLEGE/INSTITUTE <input type="checkbox"/> TOURISM <input type="checkbox"/> OTHER <input type="checkbox"/> (PLEASE STATE)
5.NAME TO APPEAR ON MEMBERSHIP CERTIFICATE (If different from above) <input type="text"/>	9.JOB TITLE <input type="text"/>
6.HOME ADDRESS <input type="text"/> <input type="text"/> <input type="text"/> Tel _____ Fax _____ Email _____	

For Council Use

Proposed By:

Seconded By:

Date:

**APPLICATION
RECEIVED**

Date: _____

For Official Use

Ref. No. _____

Member Associate

Overseas Student

Fellow Hon. Fellow

Career Information

From	To	Company	Position

Professional Development

1. Courses Taken

From	To	Institution	Course(name, duration, full-time/part-time)	Awards(if any) e.g. diploma/degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Membership and grade of other professional bodies

Note: As proof of courses taken/qualifications attained, applicants are invited to enclose, wherever possible, photocopies of relevant documents (not originals)

3. Number of years spent at management level during career _____

4. References

Please give names and addresses of two persons (preferably in Ireland) who will act as your referees, and have agreed to act in this capacity; if approached by the Institute. They should be in a position to comment on your work in Hotel and Catering, Tourism, Hospitality or Leisure. One should be a Fellow or Full Member of the Institute. The first referee should normally be able to supplement the information you have provided from a direct knowledge of your responsibilities at present. If you are the head of your firm or organisation, please give names and addresses of two business/professional associates.

Referees will be approached at the discretion of the Membership Panel

1st Referee	_____	2nd Referee	_____
	_____		_____
	_____		_____
	_____		_____
Tel:	_____	Tel:	_____

Declaration by Applicant

I certify that the statements made in this application form are true and accurate and I know of no reason why I should not be admitted to membership of The Irish Hospitality Institute. In the event of my wishing to resign my membership I will notify this in writing to the Institute. I will accept that if my subscription becomes six months overdue at any time, my name may be removed from the Register of Members, and my membership certificate, which I recognise to be the property of the Institute, must be returned.

