



IRISH HOSPITALITY INSTITUTE

MEMBERSHIP APPLICATION FORM

Individual Member

The IHI is a professional membership body that represents over 1,000 Hospitality Professionals throughout Ireland. Our role is to assist and encourage our members to take responsibility for their own development, to facilitate networking, recognition and career advancement and promote excellence in our Industry.

Mission: "To lead and encourage hospitality professionals to generate knowledge, to take responsibility for their own development and deliver world class service"

CONTACT



+353 1 6624790



info@ihi.ie



www.ihi.ie

BANK DETAILS

IRISH HOSPITALITY INSTITUTE

68 PEMBROKE ROAD

BALLSBRIDGE, DUBLIN 4

IE41 BOFI 90149014049614

PERSONAL DETAILS

NAME: _____

DATE OF BIRTH: _____

NATIONALITY: _____

HOME ADDRESS: _____

TEL : _____

EMAIL: _____

BUSINESS DETAILS

COMPANY NAME & ADDRESS : _____

TEL: _____

EMAIL: _____

JOB TITLE: _____

CAREER INFORMATION

FROM:

TO:

COMPANY:

POSITION:

FROM:	TO:	COMPANY:	POSITION:



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PROFESSIONAL DEVELOPMENT

COURSES TAKEN

FROM	TO	INSTITUTION	COURSE NAME	AWARD

MEMBERSHIP & GRADE OF OTHER PROFESSIONAL BODIES:

NUMBER OF YEARS SPENT AT MANAGEMENT LEVEL:

REFERENCES

PLEASE GIVE THE NAME AND CONTACT DETAILS OF OF TWO PERSONS (PREFERABLY IN IRELAND) WHO WILL ACT AS YOUR REFEREES, AND HAVE AGREED TO THIS CAPACITY IF APPROACHED BY THE INSTITUTE. YOUR REFEREES SHOULD BE A FELLOW OR FULL MEMBER OF THE INSTITUTE.

REFEREE 1: _____ REFEREE 2: _____

TEL:
EMAIL:
JOB TITLE:

TEL:
EMAIL:
JOB TITLE:

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 AT LEAST 28 DAYS PRIOR TO THE MEMBERSHIP RENEWAL DATE. I WILL ACCEPT THAT IF MY MEMBERSHIP FEE BECOMES SIX MONTHS OVERDUE AT ANY TIME, MY NAME MAY BE REMOVED FROM THE REGISTER OF MEMBERS.

DO YOU GRANT PERMISSION TO THE IHI TO FEATURE YOU ON OUR WEBSITE/COMMUNICATIONS: Y: N:

SIGNATURE OF APPLICANT:

DATE:

