



## INSTITUTE OF HOSPITALITY APPLICATION FORM

Please complete ALL sections in BLOCK CAPITALS and return to:  
Institute of Hospitality, Counting House, 14 Palmerston Road, Sutton, Surrey, SM1 4QL, UK.

### 1. CONTACT DETAILS

Mr/Mrs/Miss/Ms/Other .....Surname .....

Forename(s) .....

Maiden Name (if applicable).....

Date of Birth .....

#### Business/Employment Address

Job Title .....

Full Name of Organisation.....

Address Line 1 .....

Address Line 2 .....

Town ..... Tel .....

County ..... Fax .....

Postcode/Zip ..... Mobile/Cell .....

Country ..... Email .....

Company Website.....

#### Home Address

Address Line 1 .....

Address Line 2 .....

Town ..... Tel .....

County ..... Fax .....

Postcode/Zip ..... Mobile/Cell .....

Country ..... Email .....

Please indicate at which address you wish to receive Institute of Hospitality correspondence:

Work

Home

<b>FOR OFFICE USE ONLY</b>	Source: SRILANKA2025
Member no:	Date of Admission:





**5. DECLARATION (to be completed by all applicants)**

I, the undersigned, certify that the statements contained herein are true. I agree that in the event of my election to any membership grade, I will be governed by the Memorandum and Articles of the Association and I will advance the objectives of the Institute as far as lies in my power. In the event of wishing to terminate my membership, I will submit my resignation in writing to the Institute, and after payment of any arrears that may be due from me at that time, I will be free of further obligation.

Full Name .....

Signature ..... Date .....

For further information and enquiries, please contact the Membership Team on:  
Tel: +44 (0)20 8661 4900 or Email: [membership@instituteofhospitality.org](mailto:membership@instituteofhospitality.org)