

INDEPENDENT PROPERTY APPLICATION FORM

Full Property Name: _____

Number of Rooms: _____

Primary Contact (General Manager or Owner):

First Name: _____ Last Name: _____

Job Title: _____ Email Address: _____

Phone Number: (____) _____ - _____

Secondary Contact:

First Name: _____ Last Name: _____

Job Title: _____ Email Address: _____

Phone Number: (____) _____ - _____

Mailing Address: _____
Street # Street City

Province Postal Code

Property Website: https://_____

Communications Preferences:

Communications

Events

Government Relations

Yes, I wish to become a Property-Level Member of the Hotel Association of Canada (HAC) and request that my Provincial Hotel Association invoice* me annually in the amount of \$2/room + applicable GST/HST. I understand that I may opt out of membership with HAC at any time.

DATE

SIGNATURE