



Saskatchewan
Hotel & Hospitality
Association

#302 - 2080 BROAD ST., REGINA, SK S4P 1Y3
(306) 522-1664 or 1-800-667-1118 FAX: (306) 525-1944
E-MAIL: lorane.has@sasktel.net

Membership Application

Type of Membership: Hotel Motel Allied Brew Pub
Licenced Restaurant Nightclub

No. of Rooms (if applicable): _____

Name of Business: _____

Mailing Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name of Owner(s): _____

Name of Manager: _____

I have enclosed with this application:

(A) Payment for the annual dues of the Association

or

(B) A signed Brewers Distributor Ltd. Check-off Form for dues

(For those with a Tavern Permit with Off-Sale Endorsement)

- I agree that this application is subject to the approval of the Board of Directors of the Saskatchewan Hotel & Hospitality Association.
- I agree to observe and be bound by the Constitution and By-Laws of the Saskatchewan Hotel & Hospitality Association.

Dated and signed at _____ this _____ day of _____ , _____

Applicant's Signature