



Membership Application Form

Name of Venue

Company Name (if applicable)

Licensee.....

Manager

Address of venue

.....

Postal Address (if different from above)

.....

Phone Fax

E-mail

Website

Would you like to benefit from discount offers from AHA/RCA Tas? Yes No

Preferred method of contact (please tick one)

Mail Fax E-mail

Days of Operation and Opening Hours:

	Opening	Closing
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Do you serve Meals: Yes No

Meal Price Range < \$15.00 \$15.00 - \$25.00 > \$25.00

Description of Cuisine Served.....

Provide Private Catering Services: Yes No

Access/Amenities for Disabled: Yes No

Dining Seating Capacity of Venue

Do you have a sports bar: Yes No

Do you have a lounge bar: Yes No

Do you have live bands: Yes No

Tote: Yes No
Keno: Yes No
Gaming: Yes No
How many machines.....
Bottleshop: Yes No

Accommodation: Yes No
How Many Rooms.....
Star Rating (indicate if self rated).....
Check in time.....
Check out time.....
Rack Rate (peak season).....

Payment Methods:
Eftpos: Yes No
Diners: Yes No
Amex: Yes No
Mastercard Yes No
Visa: Yes No

Small Blurb on Your Property (no more than 50 words):

Name of Applicant.....

Signature.....

Date.....

Membership fee payment is due within 14 days of the signing of this application form. Member benefits do not commence until payment has been received.