



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 the THA? 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.