



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

