



**Membership Application Form**

Name of Venue .....

Company Name (if applicable) .....

Licensee.....

Manager .....

Address of venue .....

.....

Postal Address (if different from above) .....

.....

Phone ..... Fax .....

Email .....

Would you like other staff to be on our emailing distribution list?

Email addresses if yes:

.....  
.....  
.....

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.....  
Number of rooms in each category:  
Budget .....Mid Range.....Superior.....  
Check in time.....  
Check out time.....  
Rack Rate (peak season).....

Payment Methods Accepted:

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.