



HOSPITALITY HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY MEMBERSHIP APPLICATION

NAME: _____

TITLE: _____

ORGANIZATION: _____

NUMBER OF EMPLOYEES IN YOUR ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

ANNUAL BUSINESS MEMBERSHIP FEE = \$120.00

ANNUAL MEETING PRE-PAY = \$330.00

Please make checks payable to *HHRA of Broward County*

Mail checks to: Mallory Anderson
809 NE 19 Avenue, #7
Ft. Lauderdale, FL 33304