



# 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  
(JULY 1 FEE IS REDUCED TO \$75)

Please make checks payable to *HHRA of Broward County*

Mail checks to: Freyda Hyman  
2362 NE 197 St.  
Miami, FL 33180