



APPLICATION FOR MEMBERSHIP

Please type or use block letters

1 ESTABLISHMENT

Name	<input type="text"/>	Classification	<input type="text"/>
		Tel No	<input type="text"/>
Address	<input type="text"/>	Fax No	<input type="text"/>
		E-Mail	<input type="text"/>
		URL	<input type="text"/>

2 Hotels
 ApartHotels
 Holiday Villages
 Guesthouses

Single Rooms	<input type="text"/>	Total Number of Beds	<input type="text"/>
Double Rooms	<input type="text"/>		
Suites	<input type="text"/>		

3 Catering Outlets in the Hotels/ApartHotels/Holiday Villages/Guesthouses

Name	<input type="text"/>	No. of Covers	<input type="text"/>
Name	<input type="text"/>	No. of Covers	<input type="text"/>
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Name	<input type="text"/>	No. of Covers	<input type="text"/>
Name	<input type="text"/>	No. of Covers	<input type="text"/>

Employees

Full Time Part Time

Employee's Union

Date of last collective agreement

Name of Applicant

Designation

Signature _____





MALTA HOTELS
& RESTAURANTS
ASSOCIATION

2, Gallina Steet
Kappara SGN4111

Malta
email: mhra@mhra.org.mt
www.mhra.org.mt

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			<input type="text"/>

2 Hotels	<input type="checkbox"/>	ApartHotels	<input type="checkbox"/>	Holiday Villages	<input type="checkbox"/>	Guesthouses	<input type="checkbox"/>
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Employee's Union	<input type="text"/>		
Date of last collective agreement	<input type="text"/>		

Name of Applicant	<input type="text"/>
Designation	<input type="text"/>

Signature _____



Bank of Valletta

MHRA Official Bankers





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