



MALTA HOTELS
& RESTAURANTS
ASSOCIATION



APPLICATION FOR MEMBERSHIP Catering Establishments

2 Gallina Street
Kappara, San Gwann
Tel 21318133/4
Fax 21336477
mhra@mhra.org.mt
www..mhra.org.mt

Please type or use block letters

Name of Est	<input type="text"/>	Classification	<input type="text"/>
Address	<input type="text"/>	Type	<input type="text"/>
		Tel nr:	<input type="text"/>
		Mob nr:	<input type="text"/>
		Fax nr	<input type="text"/>
		E-Mail	<input type="text"/>
		Website	<input type="text"/>
Year of opening:	<input type="text"/>	VAT Nr	<input type="text"/>

Name of Company or owner:

Establishment status:	leased	<input type="text"/>	Open period:	<input type="text"/>
	owner oper.	<input type="text"/>		

No. of Covers

STAFF COMPLEMENT FULL TIME PART TIME

Name of Applicant

Designation

Signature _____ Membership Fee Eu _____ per year