



MIND THE BAR FOUNDATION MEMBERSHIP APPLICATION

APPLICANT INFORMATION

FULL NAME: _____ DOB _____
FIRST LAST MM/DD/YY

ADDRESS: _____
STREET ADDRESS APT/UNIT #

CITY PROV POSTAL CODE

PHONE: (_____) _____ EMAIL: _____

	YES	NO
I AM 18 YEARS OR OLDER	<input type="checkbox"/>	<input type="checkbox"/>
I HAVE WORKED IN THE HOSPITALITY INDUSTRY FOR A MINIMUM OF 3 YEARS	<input type="checkbox"/>	<input type="checkbox"/>
I AM INTERESTED IN ADVANCING THE PURPOSES AND SUPPORTING THE ACTIVITIES OF MIND THE BAR FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>

PARTICIPATION

I AM INTERESTED IN PARTICIPATING IN AND/OR RECEIVING INFORMATION ABOUT: (CHECK IF APPLICABLE)

COMMITTEE AND POLICY INVOLVEMENT	<input type="checkbox"/>	EVENTS/FUNDRAISERS	<input type="checkbox"/>
COMPETITIONS	<input type="checkbox"/>	SEMINARS/EDUCATION	<input type="checkbox"/>
RESOURCE AND SUPPORT INFORMATION	<input type="checkbox"/>	OTHER (PLEASE SPECIFY)	<input type="checkbox"/> _____

VOLUNTEER SKILLS & QUALIFICATIONS

PLEASE LIST ANY APPLICABLE SKILLS AND QUALIFICATIONS YOU WOULD BE WILLING TO VOLUNTEER:
(IE SOCIAL MEDIA, DESIGN, EDUCATION, SERVING/BARTENDING/COOKING, ETC)

HOSPITALITY EMPLOYMENT

COMPANY: _____ LOCATION: _____ POSITION: _____

FROM: _____ TO: _____ CONTACT: _____ CAN I VERIFY THIS EMPLOYER? Y/N ____
MM/YY MM/YY

DISCLAIMER AND SIGNATURE

I hereby state that the accompanying statements and information I have provided is correct to the best of my knowledge and belief, and if this application is accepted, I understand that false or misleading information in my application may result in rendering it null and void.

SIGNATURE: _____ DATE: _____