



HOSPITALITY HUMAN RESOURCES 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

MEETINGS: \$35

Please make checks payable to HHRA of Broward County & mail checks to:
April Mazza | 1609 North Victoria Park Road | Fort Lauderdale, FL 33305