



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

Please make checks payable to *HHRA of Broward County*
Mail checks to: Freyda Hyman
2362 NE 197 St.
Miami, FL 33180

Or pay through our web site at www.hhrabc.org