

APPLICATION FOR MEMBERSHIP

Please type or use block letters

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

Employees

Full Time	<input type="text"/>	Part Time	<input type="text"/>
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Employee's Union

Date of last collective agreement

Name of Applicant

Designation

Signature _____



MHRA Official Bankers

