

INDEPENDENT HOTEL MEMBERSHIP

Please complete & fax or e-mail this form for submission to IHRA – (Geneva, Paris, Barcelona)
Fax: +33 1 53013279 - E-Mail: admin@IH-RA.com

- > HOTEL NAME:
- > Address:
- > Postal Code:
- > Telephone:
- > E-Mail:
- > Web:

	Name	Title	E-Mail
CEO			
Billing Contact			
IHRA Representative			

2016-2017 ANNUAL SUBSCRIPTION FEES

Total number of Rooms _____
Total number of employees _____

ANNUAL FEE 600 € (Non-Refundable Membership)

PAYMENT DETAILS

(Please check the appropriate box)

Please charge my credit card: Visa MasterCard

Name of card holder _____

Card Number _____ Expiry Date _____ CCV: _____

Date _____ Stamp _____

Signature _____

Bank Details for Wire Transfer to: CREDIT MUTUEL BANK in Paris France –BIC/SWIFT : **CMCIFR2A**
2 rue de l'arrivee 75015 Paris-France
IBAN= FR76 1027 8060 4500 0211 4080 165 (in Euro).