

## 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](mailto: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).