



NATIONAL SOCIETY OF
MINORITIES IN HOSPITALITY

MEMBERSHIP APPLICATION FORM

Your membership will expire May 31 of each year

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME/ INITIAL: _____ DATE: _____

MEMBER STATUS (check one):

- New Renewal of Membership (NSMH ID#: _____)

YOUR CURRENT MAILING ADDRESS:

PERMANENT MAILING ADDRESS (if Different From Current):

CURRENT PHONE NUMBER:

PERMANENT PHONE NUMBER (if Different from Current):

CURRENT E-MAIL ADDRESS:

PERMANENT E-MAIL ADDRESS (if Different from Current):

GENDER: _____ Male _____ Female **DATE OF BIRTH:** _____

COLLEGE/UNIVERSITY: _____

CLASSIFICATION (check one):

- Freshman Junior Master's degree Candidate
 Sophomore Senior Graduating Senior (Fall 04 or Spring 05)
 Ph.D. Cand.

ETHNIC ORIGIN (Optional):

- American Indian Black/ African-American White/ European American
 Asian/Pacific Islander Hispanic Other: _____

INDUSTRY (Choose all that apply)

- Gaming
 Lodging
 Restaurant
 Food Service
 Sales/Marketing
 Meeting/Event Planning
 Travel/Tourism
 Sports/Entertainment Complexes
 Other

PAYMENT: (National Annual Dues are [U.S.] \$10 per person for students. Check payment type below.)

PAYMENT OPTIONS:

- (Circle One) Company/ School/ NSMH Chapter Check or Money Order payable to: *National Society of Minorities in Hospitality*. State source and number of financial document: _____
 Credit Card: _____ MasterCard _____ Visa (Amount to Be Charged: _____)
Credit Card Number: _____ Expiration Date: _____
Name on Credit Card: _____ Signature: _____

Please use online form if possible at www.nsmh.org----Please put your resume on the member portal at www.nsmh.org

Mail to NSMH MEMBERSHIP:

NSMH National Headquarters • 107 S. West Street, PMB 119 • Alexandria, Virginia 22314 U.S.A. (Phone: 703-549-9899 • Fax: 703-998-7795 • E-Mail: hq@nsmh.org • www.nsmh.org)