



NATIONAL
HOSPITALITY
ASSOCIATION
OF GHANA

SUPPLIER MEMBERSHIP APPLICATION 2020/21

CONTACT DETAILS

Company Registered Name _____

Company Operating Name _____

Main Contact _____ Job Title _____

Email _____ Phone _____

Secondary Contact _____ Job Title _____

Email _____ Phone _____

COMPANY DETAILS

Address _____

Region/ District _____

P.O. Box Address _____

Company Registration Number _____

Company Website _____

Phone Number _____

Company Founded _____

BUSINESS SIZE & CLASSIFICATION (Please check)

Business Size:	Start Up	Type of Business: Product Supplier
	Standard	Service Supplier
	National	Professional Services Supplier

MEMBERSHIP PACKAGE (Please check)

Product	GHC1,000
Service	GHC1,500
Professional	GHC2,000

This application is on behalf of the Company for Supplier Membership of NHAG and I hereby confirm I am authorised on behalf of the Company to submit this application and; if accepted, agree to pay the subscription levied and to abide by the Terms and Conditions of membership of the Association. As per NHAG's Terms and Conditions, a Member may terminate membership by giving notice in writing to the NHAG no less than 3 (three) months before the end of any membership year (the month in which the signed application is received). If notice is given in less than 3 (three) months before the end of any membership year the annual subscription for the subsequent year will be payable in full and the termination will not take effect until the following membership year.

Name:

Date: