



# OTHM

The Organisation for Tourism and Hospitality Management

## OTHM Membership Application

# OTHM Membership Application

This form should be completed by all those who wish to become members of OTHM. If you wish to take an OTHM qualification please complete the Student Member Application Form.

Please complete all sections in **BLOCK CAPITALS** using black ink!

Photo

## 1 SECTION ONE: Personal Details

Title (e.g. Dr Mr Mrs Miss Ms):	
Forename(s):	
Surname:	
Date of Birth: ____ / ____ / ____	Nationality:
Full name (as you wish it to appear on membership documents or certificates):	
Personal Address:	
Post Code:	Country:
Telephone:	Mobile:
Email:	Web address:

## 2 SECTION TWO: Employment Details

Job Title:		
Company Name:		
Work Address:		
Post Code:	Country:	
Telephone:	Mobile:	
Email:	Web address:	
Please indicate preferred mailing address:	<b>Personal</b> <input type="checkbox"/>	<b>Work</b> <input type="checkbox"/>
Please indicate preferred e-mailing address:	<b>Personal</b> <input type="checkbox"/>	<b>Work</b> <input type="checkbox"/>

Please complete Section 3 & 4  
 (Alternatively please provide OTHM with an up to date CV)

### 3 SECTION THREE: Qualifications Held

Date(s)	Qualification – including stage or grade	Subject	Awarding Body

### 4 SECTION FOUR: Relevant Work Experience

Date(s)	Job Title	Main Duties	Name and Address of Employer

### 5 SECTION FIVE: Fees

Please indicate level of Membership you are applying for. Please see criteria. Once received and reviewed by the Membership Board you may be awarded a higher or lower level depending on the evidence and CV provided.

OTHM membership levels per year	Registration (First Year)	Annual Renewal
<b>Corporate</b>	£100 <input type="checkbox"/>	£100
<b>Practitioner</b>	£60 <input type="checkbox"/>	£40
<b>Associate Member</b>	£50 <input type="checkbox"/>	£35
<b>Full Member</b>	£60 <input type="checkbox"/>	£40
<b>Fellow – by invitation</b>		

*Fees applicable to 30th June 2009*

Title (e.g. Mr Mrs Miss Ms):	
Forename(s):	
Surname:	
Job Title:	OTHM Membership No. (if applicable)
Company Name:	
Work Address:	
Post Code:	Country:
Telephone:	Mobile:
Email:	Web address:

I agree that I shall abide by the OTHM Member Code of Practice. I confirm that the information supplied on this form is accurate and complete.

Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please send your completed Application Form along with your membership fee (either a cheque payable to 'OTHM' or banker's draft) and current CV to:

**OTHM – Membership Department**

SBC House, Restmor Way, Wallington, Surrey, SM6 7AH, England UK

Grade	Examination Track		Professional Track	Designatory Letters
	Examination	Experience		
<b>Associate</b>	OTHM Diploma	6 month's relevant industry experience	4 year's experience and equivalent qualification	AOTHM
<b>Full Member</b>	OTHM Higher Diploma	1 year's relevant industry experience	8 year's experience and equivalent qualification	MOTHM
<b>Fellow</b>			By Invitation	FOTHM
<b>Practitioner</b>			Open to those who work in the industry	
<b>Corporate</b>			Open to organisations involved in the industry	