



Guesthouse Association of Tshwane/Pretoria East

MEMBERSHIP APPLICATION

ESTABLISHMENT INFORMATION

Name of Establishment: _____
Name of owner: _____
Physical address: _____
Postal address: _____
Telephone: _____ Fax: _____
Cell: _____ Email: _____
Website: _____

ACCREDITATION:

TGCSA: _____ stars A.A. Quality Approved: _____
NAA: _____ Other: _____
Membership number: _____

ROOM INFORMATION

Number of rooms: _____ all inclusive
Single rooms: _____ Double/twin rooms: _____ Family rooms: _____
En suite rooms: _____ Rooms with private bathrooms _____
Rooms sharing bathrooms; _____ Self catering; _____
Tariff pp Single: _____ to _____ Sharing: _____ to _____

DECLARATION

- I / we wish to become a member of the G.A.T.E.
- I / We understand that continued membership of the association is subject to:
 - The establishment continuing to comply with criteria as set by TGCSA
 - The payment of all membership fees on receipt of an invoice
- I /We agree to pay a membership fee as determined yearly at a GATE AGM. (Membership fee 2009.: R500-00 which includes the Quality Approved plaque) and an additional R600-00 once off application/ joining fee which includes a page on the GATE website..

- I /We understand that membership to GATE is not transferable.
- I / We understand that all members are to abide by the rules, regulations and standards laid down by the association and that changes can be made from time to time if deemed necessary.
- I/We understand that this application is subject to an inspection by at least two members of the association who have been TGCSA star graded for at least two years. Should the establishment not meet with the associations required standards, then all R900-00 will be paid back to the applicant
- in the event that the establishment has been TGCSA star graded or AA Assured the GATE has the right to wave this inspection and will accept the grading.

SIGNED.....DATE.....

NAME (block capitals).....

FOR AND ON BEHALF OF.....

Banking details: Guesthouse Association of Tshwane /Pretoria East (GATE)

Bank: Standard Bank, Castle Walk, savings account number:415191874

Please fax application plus deposit slip to the following 2 number please :

Accounting officer 086 515 8095

Secretary: Sue MacIntyre: T/ Fax: 012 9914020.

Email: maci@absamail.co.za

Establishment visited by:.....