



GOLD COAST CONCIERGE ASSOCIATION

Application for Concierge Membership

Last Name _____ First Name _____

Property Name _____

Property Address _____

City _____ Zip _____

Work Number _____ Work Fax _____

Home Address _____

City _____ Zip _____

Home Number _____ Home Fax _____

Mobil Number _____ Email _____

Position _____ Supervisor _____

Total Rooms _____ Number of Concierges _____

Years at present properties _____ Number of industry years _____

GCCA Concierge Sponsor _____
(Name and location of member)

Do you speak any foreign language? If yes, which one(s) _____

Are you a member of any other guests services association? Yes () No ()
If yes, please state which one and your participation. _____

What do you wish to get out of being a member of this Association?

I, the undersigned, hereby authorize the Gold Coast Concierge Association (GCCA) to verify the above information and realize misrepresentation of any information can lead to the denial of membership. If admitted to the Association. I will abide by the bylaws of the Gold Coast Concierge Association, and agree to adhere to the ethics and professional standards of a Concierge. I am aware that violations of any of the standards can and will be grounds of Board review and possible expulsion from the association.

Signature of applicant _____ Date _____

Supervisor Knowledge:

I hereby acknowledge the above individual has personally completed this application and to the best of my knowledge the information herein is accurate and truthful.

Signature of Supervisor _____ Date _____

All applications are subject to the approval by the Board of Directors, and are not transferable. We shall review this application and notify you 30 days from the date we receive your application and check.

Please Enclose:

- ✓ Completed application
- ✓ Two (2) business cards
- ✓ Property Brochure
- ✓ Check payable to the GCCA in the amount of \$50 for annual membership dues.

Send To:

GCCA
P.O. Box 2460
Fort Lauderdale, Fl 33303-2460

PLEASE DO NOT MARK BELOW THIS LINE

Date reviewed _____ Accepted _____

Denied _____ Reason _____

Board of Directors Signature _____