| **A drawing of a face  Description automatically generatedISHC INVITATION**  **TO APPLY FOR CANDIDACY STATUS** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Thank you very much for your inquiry about membership in the International Society of Hospitality Consultants.**  Please note that the purpose of this invitation form is to provide an opportunity for the Society's Board of Directors to make a tentative determination regarding an individual's eligibility for membership prior to accepting them to a candidacy status. If this determination is positive, the candidate may be asked to submit additional information. Final determination of eligibility will be made by the Board of Directors based on information supplied by the Membership Committee as a result of the Membership Committee's interviews with the candidate and the candidate's references. This form becomes the property of the International Society of Hospitality Consultants and is not returnable to the candidate regardless of determination of eligibility. | | | | | | | | | | | |
| **Today’s Date** | | |  | |  | | | |  | | |
| **PERSONAL DATA** | | | | | | | | | | | |
| **Your Name:** | | |  | |  | | | | |  | |
| **Name of Company:** | | |  | | **Date of Birth:** | | | | |  | |
| **Position/Title:** | | |  | | **Work Phone Number:** | | | | |  | |
| **Email Address:** | | |  | | **Mobile Phone Number:** | | | | |  | |
| **Website:** | | |  | |  | | | | |  | |
| **Work Address** - Street: | | |  | | | | | | | | |
| City, State & Zip Code: | | |  | | Country: |  | | | | | |
| **Home Address** - Street: | | |  | | | | | | | | |
| City, State & Zip Code: | | |  | | Country: | |  | | | | |
| **COLLEGES AND POST GRADUATE DEGREES/STUDIES** | | | | | | | | | | | |
| **1. Name of Institution** | | |  | | | | | | | | |
| Major Field of Study | | |  | | | | | | | | |
| Address: | | |  | | | | | | | | |
| Date Degree Awarded: | | |  | | | | | | | | |
| **2. Name of Institution** | | |  | | | | | | | | |
| Major Field of Study | | |  | | | | | | | | |
| Address: | | |  | | | | | | | | |
| Date Degree Awarded: | | |  | | | | | | | | |
| **3. Name of Institution** | | |  | | | | | | | | |
| Major Field of Study | | |  | | | | | | | | |
| Address: | | |  | | | | | | | | |
| Date Degree Awarded: | | |  | | | | | | | | |
| **YOUR HOSPITALITY CONSULTING EXPERIENCE** | | | | | | | | | | | |
| **1. Please list all consulting companies & organizations where you have been employed in public practice as a management consultant. If self- employed, please indicate.** | | | | | | | | | | | |
| **a. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **b. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **c. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **d. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. **Please select up to a maximum of four categories/areas that best represent your experience and expertise. If you do not see a category listed which represents a primary area of experience or expertise, please list it under “other” and include it as one of your four selections.** | | | | | | | | | | | |
| Ad Valorum/Real Estate Tax  Appraisals  Business Valuation  Corporate Board/Governance  Strategic Planning  Architectural & Engineering Services  Design & Construction Management/Project Management  Development Services  Green/LEED certification  Interior Design  Turnkey Development Services  Franchise Expertise  Executive Search  Human Resources  Labor Productivity Management  Labor Relations Management  Management Education  Management Outsourcing  Organizational Development  Training  Alternative Dispute Resolution  Legal Advice  Litigation Support – Expert Witness  Management Contract Negotiation  Financial Analysis  Investment Analysis  Market and Feasibility Studies  Research  Customer Satisfaction/Guest Satisfaction/Employee Surveys  Facility & Engineering  Food & Beverage Operations  Interim Management | | | | Mystery Shopping  Operational Analysis/Reviews  Purchasing  Sustainability/Green Certification  Asset Management  Receivership  Disaster Planning  Forensic Analysis  Insurance  Risk Management  Security and Terrorism  Marketing & Sales Strategies  Marketing Plans  Revenue Management  AV and Event Technology & Acoustics  Business Intelligence/Data Warehousing  Distribution Systems/Revenue Management Systems  In-Room Systems  Infrastructure (HSIA, Telecommunications & Other)  IT Strategy and Development & Execution  Marketing Technology  Property Level/Management Systems  Acquisition/Disposition/Brokerage  Due Diligence  Loan Underwriting  Ownership Transition Support  Privatization  Workouts & Restructurings  Time Sharing Vacation Ownership Consulting  Recreation Facilities Consulting  Technology  Other: | | | | | | | |
| 1. **Please identify all the property types/sectors for which you have experience** | | | | | | | | | | | |
| Arenas  Bed & Breakfast  Boutique Hotels  Casinos  Concessions  Condo Hotels  Conference Centers/Convention Centers  Convention Hotels  Cruise  Destination Casino Resorts  Destination Resorts  Extended Stay Hotels/Corporate Apartments  Family Entertainment Centers  Full Service Hotels  Golf Clubs/Properties/Courses  Green Hotels | | | | Holiday Villages  Independent Hotels  Institutional Food & Beverage  Limited/Select Service Hotels  Marinas  Private Clubs  Resort Mixed Use Developments  Restaurants (Full, quick & limited service)  Spas  Tennis  Theme Parks & Attractions  Time Share & Interval Ownership  Tourism/Destination Management  Urban Mixed Use Development  Water Parks  Other: | | | | | | | |
| **4. Please summarize your other hospitality experience, if any.** | | | | | | | | | | | |
| **a. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| **b. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| **c. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| **d. Firm Name:** | |  | | Position: | |  | | | | | |
| Street: Address: | |  | | Telephone Number: | |  | | | | | |
| City, State & Zip Code: | |  | | Country: | |  | | | | | |
| Start Date: | |  | | End Date: | |  | | | | | |
| **CLIENT/INDUSTRY REFERENCES** | | | | | | | | | | | |
| **1. Please provide us with the names and contact information of four references and include a brief description of the consulting work performed for each. (Please use extra pages if necessary)** | | | | | | | | | | | |
| **a. Name:** | |  | | Work Telephone Number: | |  | | | | | |
| Firm Name: | |  | | Email: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **b. Name:** | |  | | Work Telephone Number: | |  | | | | | |
| Firm Name: | |  | | Email: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **c. Name:** | |  | | Work Telephone Number: | |  | | | | | |
| Firm Name: | |  | | Email: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **d. Name:** | |  | | Work Telephone Number: | |  | | | | | |
| Firm Name: | |  | | Email: | |  | | | | | |
| Brief description of the consulting work performed | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.** Please provide us with the name of the ISHC member that will be serving as your lead sponsor. | | | | | | | | | | | |
| **a. Name:** | |  | | | | | | | | | |
| Brief description of how you know this ISHC member: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **3.** Please provide us with the names of other ISHC members that you have done business with. | | | | | | | | | | | |
| **a. Name:** | |  | | | | | | | | | |
| Brief description of how you know this ISHC member: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **b. Name:** | |  | | | | | | | | | |
| Brief description of how you know this ISHC member: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **STATEMENT OF CONTRIBUTIONS** | | | | | | | | | | | |
| **1. Please describe what you believe your contribution to the Society will be and why you should/want to become a member.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2. What makes you and/or your professional expertise unique to the Society and its current membership base and why?** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please note that the Board of Directors is keenly interested in your responses to the above questions so please take the time to reply accordingly. | | | | | | | | | | | |
| **OTHER** | | | | | | | | | | | |
| **1. Do you have an equity interest in or receive any income from any type of hospitality management company or real estate firm? (check one)** | | | | | | | | | | | |
| Yes  No (If yes, please answer following questions.) | | | | | | | | | | | |
| Firm Name: | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | |
| Comments: | |  | | | | | | | | | |
| **2. Is your CV/resume attached:** | | Yes  No | | | | | | | | | |
| **PLEDGE, ATTESTATION, AND RELEASE** | | | | | | | | | | | |
| I have reviewed, understand and meet the requirements for membership and, if accepted, agree to adhere to the By-Laws of the Society and pledge to follow the Code of Professional Conduct. I hereby attest that the information provided in this application is true, complete, and correct, and grant permission to the Society and its representatives to check references given and make any other investigation necessary to verify my qualifications. | | | | | | | | | | | |
| Signature: | (If you are submitting this form electronically, please type your initials in the signature box.) | | | | | | | Date: | | |  |

Once we have received your application along with the required sponsor letter, we will contact you regarding the $295.00 membership candidacy fee.

**Please direct questions and any requests for additional information to:**

Andrea Belfanti

Executive Director, ISHC

Phone: 678-973-2242

Email: [abelfanti@ishc.com](mailto:abelfanti@ishc.com)

**Process to submit application:**

* Candidate should submit application to the lead sponsor
* The lead sponsor will then submit the application and sponsor form to:

Matt Arrants, ISHC Membership Co-Chair: [marrants@pinnacle-advisory.com](mailto:marrants@pinnacle-advisory.com)   
 Chad Sorensen, ISHC Membership Co-Chair: [csorensen@chmwarnick.com](mailto:csorensen@chmwarnick.com)

Andrea Belfanti, Executive Director: [abelfanti@ishc.com](mailto:abelfanti@ishc.com)

Lauren Marshall, Director of Membership & Marketing: [lmarshall@ishc.com](mailto:lmarshall@ishc.com)