| **A drawing of a face  Description automatically generatedISHC INVITATION** **TO APPLY FOR CANDIDACY STATUS** |
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| **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

**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
 Chad Sorensen, ISHC Membership Co-Chair: csorensen@chmwarnick.com

 Andrea Belfanti, Executive Director: abelfanti@ishc.com

 Lauren Marshall, Director of Membership & Marketing: lmarshall@ishc.com