



Southern Florida Concierge Association

P. O. Box 630366 • Miami, FL 33163 • 888.528.1555 • Fax 786.524.2939

Website: sfcaonline.com • E-mail: info@sfcaonline.com

Application for Concierge Membership

[Please print clearly or use the PDF writeable document feature]

Last Name _____ First Name _____

Home Address _____ Apt./Suite # _____

City _____, FL Zip _____ D.O.B (MM/DD) _____

Telephone: Work (_____) _____ Cell phone (_____) _____

Home (_____) _____

Website Address _____ E-mail _____

Property Name _____

Address _____

City _____, FL Zip _____

Your Title _____ Supervisor's Name _____

Total number of rooms _____ Number of Concierges _____

How long have you worked at your present property? _____

How long have you worked in the hospitality industry? _____

(MUST TOTAL MORE THAN SIX MONTHS)

Concierge Sponsor _____

(CONCIERGE MEMBER OF THE S.F.C.A. FOR MORE THAN ONE YEAR)

Previous employer's name _____

Phone number (_____) _____ Supervisor's Name _____

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

Are you a member of another hospitality/concierge association? _____

If yes, which one? _____

Why do you wish to become a member of the S.F.C.A.?

I, the undersigned, hereby authorize the Southern Florida Concierge Association (SFCA) 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 Southern Florida Concierge Association.

The S.F.C.A. shall not discriminate according to sex, race, national origin, religious, political or union affiliation.

Signature of applicant _____ 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. The board can decline your application for any or no reason. All decisions are final.

- {Please enclose:
- Completed application
 - Two (2) business cards
 - Hotel brochure
 - Check payable to the Southern Florida Concierge Association for the amount of \$100.00 for annual membership dues.
 - Picture of yourself at your desk.

I wish to pay by credit card:

VISA MasterCard Amex Discover

Card # _____ CVV # _____

Name on Card _____

Billing Zip _____ Exp. Date ____/____

PLEASE DO NOT MARK BELOW THIS LINE

Date Reviewed: _____

Accepted Denied If denied, give reason

Approved by

