



THCC INVITATION TO APPLY FOR CANDIDACY STATUS (2020 Vers.)

Thank you very much for your inquiry about membership with THCC.

Please note that the purpose of this invitation form is to provide an opportunity for our Board 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 based on information supplied by the Membership Board as a result of the Global Board interviews with the candidate and the candidate's references. This form becomes the property of THCC and is not returnable to the candidate regardless of determination of eligibility.

Today's Date	
PERSONAL DATA	
Your Name:	Maiden Name (if applicable):
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:	
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	

2. 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.

- | | |
|--|--|
| <input type="checkbox"/> Ad Valorem/Real Estate Tax | <input type="checkbox"/> Mystery Shopping |
| <input type="checkbox"/> Appraisals | <input type="checkbox"/> Operational Analysis/Reviews |
| <input type="checkbox"/> Business Valuation | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Corporate Board/Governance | <input type="checkbox"/> Sustainability/Green Certification |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Asset Management |
| <input type="checkbox"/> Architectural & Engineering Services | <input type="checkbox"/> Receivership |
| <input type="checkbox"/> Design & Construction Management/Project Management | <input type="checkbox"/> Disaster Planning |
| <input type="checkbox"/> Development Services | <input type="checkbox"/> Forensic Analysis |
| <input type="checkbox"/> Green/LEED certification | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Interior Design | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Turnkey Development Services | <input type="checkbox"/> Security and Terrorism |
| <input type="checkbox"/> Franchise Expertise | <input type="checkbox"/> Marketing & Sales Strategies |
| <input type="checkbox"/> Executive Search | <input type="checkbox"/> Marketing Plans |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Revenue Management |
| <input type="checkbox"/> Labor Productivity Management | <input type="checkbox"/> AV and Event Technology & Acoustics |
| <input type="checkbox"/> Labor Relations Management | <input type="checkbox"/> Business Intelligence/Data Warehousing |
| <input type="checkbox"/> Management Education | <input type="checkbox"/> Distribution Systems/Revenue Management Systems |
| <input type="checkbox"/> Management Outsourcing | <input type="checkbox"/> In-Room Systems |
| <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Infrastructure (HSIA, Telecommunications & Other) |
| <input type="checkbox"/> Training | <input type="checkbox"/> IT Strategy and Development & Execution |
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> Marketing Technology |
| <input type="checkbox"/> Legal Advice | <input type="checkbox"/> Property Level/Management Systems |
| <input type="checkbox"/> Litigation Support – Expert Witness | <input type="checkbox"/> Acquisition/Disposition/Brokerage |
| <input type="checkbox"/> Management Contract Negotiation | <input type="checkbox"/> Due Diligence |
| <input type="checkbox"/> Financial Analysis | <input type="checkbox"/> Loan Underwriting |
| <input type="checkbox"/> Investment Analysis | <input type="checkbox"/> Ownership Transition Support |
| <input type="checkbox"/> Market and Feasibility Studies | <input type="checkbox"/> Privatization |
| <input type="checkbox"/> Research | <input type="checkbox"/> Workouts & Restructurings |
| <input type="checkbox"/> Customer Satisfaction/Guest Satisfaction/Employee Surveys | <input type="checkbox"/> Time Sharing Vacation Ownership Consulting |
| <input type="checkbox"/> Facility & Engineering | <input type="checkbox"/> Recreation Facilities Consulting |
| <input type="checkbox"/> Food & Beverage Operations | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Interim Management | <input type="checkbox"/> Other: |

3. Please identify all the property types/sectors for which you have experience

- | | |
|--|--|
| <input type="checkbox"/> Arenas | <input type="checkbox"/> Holiday Villages |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Independent Hotels |
| <input type="checkbox"/> Boutique Hotels | <input type="checkbox"/> Institutional Food & Beverage |
| <input type="checkbox"/> B&B | <input type="checkbox"/> Limited/Select Service Hotels |
| <input type="checkbox"/> Convention Hotels | <input type="checkbox"/> Marinas |
| <input type="checkbox"/> Destination Resorts | <input type="checkbox"/> Resort Mixed Use Developments |
| <input type="checkbox"/> Extended Stay Hotels/Corporate Apartments | <input type="checkbox"/> Restaurants (Full, quick & limited service) |
| <input type="checkbox"/> Family Entertainment Centers | <input type="checkbox"/> Spas |
| <input type="checkbox"/> Full Service Hotels | <input type="checkbox"/> Time Share & Interval Ownership |
| <input type="checkbox"/> Golf Clubs/Properties/Courses | <input type="checkbox"/> Tourism/Destination Management |
| <input type="checkbox"/> Green Hotels | <input type="checkbox"/> Urban Mixed Use Development |
| | <input type="checkbox"/> 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:

CLIENT/INDUSTRY REFERENCES

1. Please provide us with the names and contact information of 2 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	

2. Please provide us with the name of the THCC member that will be serving as your lead sponsor.

a. Name:
Brief description of how you know this THCC member:

3. Please provide us with the names of other THCC members that you have done business with.

a. Name:
Brief description of how you know this THCC member:
b. Name:
Brief description of how you know this THCC member:

LOCATION Country and Cities
1. LOCATION(S): location of your interventions
2. LOCATION/COUNTRY/CITY: desired locations (future mandates)
Please note that the Board is keenly interested in your responses to the above questions so please take the time to reply accordingly.
OTHER ELEMENTS (LOCATION):

STATEMENT OF CONTRIBUTIONS
1. Please describe what you believe your contribution to the Label will be and why you should/want to become a member.
2. What makes you and/or your professional expertise unique to the Label and its current membership base and why?
Please note that the Board 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 r hospitality technology firm or real estate firm? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please answer following questions.)
Firm Name:
Address:
Comments:
2. Is your resume attached: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Label and pledge to follow the conditions & terms. I hereby attest that the information provided in this application is true, complete, and correct, and grant permission to the Label and its representatives to check references given and make any other investigation necessary to verify my qualifications.
Signature: _____ Date: _____ <small>(If you are submitting this form electronically, please type your initials in the signature box.)</small>

Once we have received your application along
 We will contact you regarding the 580.00€+VAT, (corresponding to treatment, analysis and loading) –*This membership candidacy fee will be deduct from the annual subscription of 1500€+VAT*

Please direct questions and any requests for additional information to:
 Natacha Michel
 Special Assistant, THCC
 Email: natacham@thcc-eu.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:
 Oliver Steuermann, THCC Membership CEO: osteuermann@thcc-eu.com
 Natacha Michel, THCC Membership Assistant EMEA: natacham@thcc-eu.com