



# AUSTIN CONCIERGE AND GUEST SERVICES

APPLICATION  
FOR  
MEMBERSHIP

Key & Affiliate

# AUSTIN CONCIERGE AND GUEST SERVICES ASSOCIATION



Dear Prospective Member,

Thank you for your interest in becoming a member of the **Austin Concierge and Guest Services Association**. The following criteria must be met before application:

1. Applicants must have been employed as a Concierge or in Guest Services for at least six (6) months of applying for membership.
2. New applicants must attend two (2) general meetings of the association prior to application.
3. Completed application must be signed by applicant and/or hotel management along with appropriate membership dues.
4. One letter of recommendation from a current member of the **Austin Concierge and Guests Services Association** is required.

Please return completed application and dues to the next meeting or social.

We appreciate your support of the **Austin Concierge and Guest Services Association** and look forward to welcoming you as a member.

Cordially,

Secretary  
**Austin Concierge and  
Guest Services Association**

# AUSTIN CONCIERGE AND GUEST SERVICES ASSOCIATION



## APPLICATION

DATE: \_\_\_\_\_

The below named individual hereby applies for Membership in the **Austin Concierge and Guest Services Association (ACGSA)**. The term of this membership is one (1) year.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Hotel/Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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The Applicant has been a Concierge or Guest Services employee for:  
\_\_\_\_\_ (Period of time)

This Membership is for:

- Key Membership (\$35.00)
- Affiliate Membership (\$175.00)

Please attach a check payable to the **Austin Concierge and Guest Services Association (ACGSA)** for the amount of membership.

By signing below, Member agrees to abide by all Provisions of the ACGSA By Laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Hotel Management

**\*\*The ACGSA reserves the right to reject any Membership Application\*\*** I understand that I have no recourse against the **Austin Concierge and Guest Services Association** should I not be accepted for membership. Anyone not approved by the Officers or Board for Membership will have their check returned.

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### FOR ACGSA ONLY:

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date Received

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

# AUSTIN CONCIERGE AND GUEST SERVICES ASSOCIATION



## BIOGRAPHY INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

In your view, what is the role of a Concierge or Guest Services employee? \_\_\_\_\_

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What is your background? \_\_\_\_\_

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What are your current responsibilities? \_\_\_\_\_

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What are your future goals? \_\_\_\_\_

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Attach additional page(s) if necessary.