



Minorities in Hospitality  
P.O. Box 0692  
Indianapolis, IN 46206-0692

## MINORITIES IN HOSPITALITY

### SUPPLIER/VENUE MEMBERSHIP APPLICATION / PROFILE

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The 2015-2017 MiH Officers are committed to the continued growth and viable unity of the Minorities in Hospitality organization. As part of that goal and membership process, we ask that you complete the following information about yourself and your background in the hospitality industry. This information will provide a valuable resource for our members and will ultimately strengthen relationships within the organization and the world of hospitality. Thank you.

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**(PLEASE PRINT)**

**COMPANY NAME** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**MAIN CONTACT(S):** \_\_\_\_\_

**CONTACT PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**COMPANY'S WEBSITE:** \_\_\_\_\_

**MEMBERSHIP CATEGORY:** \_\_\_\_\_ Supplier/Venue Membership \$100 / Corp Membership \$300 (up to 5 people)

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**TOTAL # OF MEETINGS/EVENTS YOUR VENUE BOOKS ON AN ANNUAL BASIS:** \_\_\_\_\_

**TYPES OF EVENTS/MEETING BOOKED:** \_\_\_\_\_

**HOW MUCH MEETING/EVENT SPACE (TOTAL FOOTAGE) DOES YOUR VENUE HAVE?:** \_\_\_\_\_

**MAXIMUM # OF PEOPLE THAT CAN BE BOOKED:** \_\_\_\_\_

**MINIMUM PEOPLE AND/OR \$\$ THAT WILL BE CONSIDERED:** \_\_\_\_\_

**CATERER: EXCLUSIVE OR PREFERRED LIST? (Circle one) BRING OWN CATERER?:** \_\_\_\_\_

**WHAT IS YOUR MAJOR MARKETING PLAN (WHO IS YOUR TARGET MARKET)?:** \_\_\_\_\_

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**HOW LONG HAVE YOU BEEN IN BUSINESS?** \_\_\_\_\_

**HOW MANY STAFF MEMBERS DOES YOUR VENUE CURRENTLY EMPLOY?** \_\_\_\_\_