



## GOLD COAST CONCIERGE ASSOCIATION

### Application for Concierge Membership

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Work Number \_\_\_\_\_ Work Fax \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Home Fax \_\_\_\_\_

Mobil Number \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Total Rooms \_\_\_\_\_ Number of Concierges \_\_\_\_\_

Years at present properties \_\_\_\_\_ Number of industry years \_\_\_\_\_

GCCA Concierge Sponsor \_\_\_\_\_  
(Name and location of member)

Do you speak any foreign language? If yes, which one(s) \_\_\_\_\_

Are you a member of any other guests services association? Yes ( ) No ( )  
If yes, please state which one and your participation. \_\_\_\_\_

What do you wish to get out of being a member of this Association?

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I, the undersigned, hereby authorize the Gold Coast Concierge Association (GCCA) 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 Gold Coast Concierge Association, and agree to adhere to the ethics and professional standards of a Concierge. I am aware that violations of any of the standards can and will be grounds of Board review and possible expulsion from the association.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Knowledge:

I hereby acknowledge the above individual has personally completed this application and to the best of my knowledge the information herein is accurate and truthful.

Signature of Supervisor \_\_\_\_\_ 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.

Please Enclose:

- ✓ Completed application
- ✓ Two (2) business cards
- ✓ Property Brochure
- ✓ Check payable to the GCCA in the amount of \$50 for annual membership dues.

**Send To:**

**GCCA**  
**P.O. Box 2460**  
**Fort Lauderdale, FL 33303-2460**

**PLEASE DO NOT MARK BELOW THIS LINE**

Date reviewed \_\_\_\_\_ Accepted \_\_\_\_\_

Denied \_\_\_\_\_ Reason \_\_\_\_\_

Board of Directors Signature \_\_\_\_\_