

Application for AA Recognition Self Catering

For office use only

Staff

Initials

1. Establishment details

Owner's name:

Full address:

Postcode:

Tel no (inc area code):

Fax no (inc area code):

Contact email address:

2. Property/site operation details

How many units in this location? _____

Is the establishment open all year round? YES NO

If not, dates when closed: _____ to _____

Property occupancy: Min: _____ Max: _____

If you own units in more than one location, please complete a separate application form per location.

3. Property/site details

Name of the site or property (if different from the owner's details above):

Address of the site or property:

Postcode:

Tel no (inc area code):

Fax no (inc area code):

Web address:

I own a Hotel or Guest Accommodation establishment rated under the AA recognition scheme: YES NO

If yes, please provide the name and postcode of the establishment below:

Name:

Postcode:

Please tick if you own a Hotel or Guest Accommodation not currently rated by the AA and wish to receive a pack of information on our Hotel and Guest Accommodation recognition schemes:

HOTEL

GUEST ACCOMMODATION

4. Scheduling initial inspections

Please state any times when an inspection would be inconvenient. This will impact on the timing of your initial inspection, eg. current or planned renovation/refurbishment programmes:

5. Rating with other organisations

If applicable, please specify the organisation and current rating you hold:

6. Data Protection Act (also see Terms and Conditions)

By providing the requested data you consent to it being held and processed in accordance with clause 26 of the terms and conditions set overleaf.

7. Declaration

I apply for the establishment named to be considered for recognition by the AA. I confirm the information provided is correct and that I accept the terms and conditions set out overleaf.

I wish to apply for: Self Catering

SIGNED: _____ NAME: _____

POSITION: _____ DATE: _____

8. Registration fee

I enclose the registration fee, which includes VAT:

Joining fee (if applicable) £ _____

Annual fee £ _____

Total £ _____

Method of payment - please complete section A or B and tick the appropriate boxes

A. Cheque payment

Please make cheques payable to Automobile Association and send together with this form to:

AA Hotel Services, Fanum House, Basing View, Basingstoke RG21 4EA

B. Card payment

Please complete the following details:

Card: Visa: Mastercard: Maestro:

Card number: _____

Expiry date: ____/____ Issue number (Maestro only): _____

Cardholder's name: _____