



Employee Enrollment Form
TO BE FILLED OUT BY BUSINESS OWNER/MANAGER

Business Name:

Owner/Manager's Name:

Email:

Cell Phone:

Employee Information:

Name:

Address:

Position:

Great Lakes Hotel Supply Contact for questions:

Diane Sorenson, Marketing Director
diane@glhsco.com

Please complete the below information for additional employees

Name: _____
Address: _____

Position: _____
Status: **Full Time** **Part Time**

Name: _____
Address: _____

Position: _____
Status: **Full Time** **Part Time**

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