



2 0 2 0 HOTELIER MEMBERSHIP APPLICATION

Hotel: _____

Contact Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: **(512)** _____

Direct Line: _____

Fax: _____

Email: _____

MEMBERSHIP PREFERENCES:

1) I prefer to receive information from AHLA via: Email Fax

2) I would like to receive a monthly media clipping service with local industry news. Yes No

3) I would like the following employees to receive the AHLA Member Updates via email:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

2020 Dues

Based on _____ rooms: (\$4.00/room below 100, \$4.25/room for 100-199 rooms, \$4.75/room for 200-299 rooms, \$5.25/room for 300-399 rooms, \$5.75/room for 400-499 rooms, \$5.50/room for over 499 rooms) \$ _____

TOTAL \$ _____

Check Enclosed

Please bill the credit card below in FULL

Credit Card Number: _____ Security Code _____

Exp Date (mm/dd/yyyy) _____

Signature: _____ Print Name on Card: _____



2020 Allied Membership Application

APPLICANT INFORMATION

Name: _____
Title: _____
Company: _____
Address: _____ City/State/Zip _____
Phone: _____ Email: _____

COMMITTEE PREFERENCES

Please contact me to be in the following committees:

Education Legislative Events Membership Green

2020 DUES

Annual Membership:

\$500 Per Year for primary contact/applicant \$ _____

\$75 - Per additional company representative \$ _____

TOTAL: \$ _____

Check Enclosed

Please bill the credit card below in FULL

Credit Card Number: _____

Expiration Date (mm/yyyy): _____ Billing Zip: _____

Security Code: _____

Name on Card: _____

Authorization Signature: _____

P.O Box 82431 – Austin, Texas 78708-2431 – Phone: (512) 251-5675 – Fax: (512) 251-5815
denise@austinlodging.org

THANK YOU FOR YOUR CONTINUED SUPPORT OF THE ASSOCIATION AND INDUSTRY