** 2017 Allied Membership Application**

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| **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 |
| **2016 Dues** |
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| **Annual Membership:****$500 Per Year for primary contact/applicant $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****$75 - Per additional company representative $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Check Enclosed  Please bill the credit card below in FULLCredit 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*** |
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