** 2019 Allied Membership Application**

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| **Applicant Information** | | | | | |
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| Name: |  | | | | |
| Title: |  | |  | |  |
| Company: |  | |  | |  |
| Address: | City/State/Zip | | | | |
| Phone: |  | Email: | |  | |
|  | | | | | |
| **Committee Preferences** | | | | | |
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| Please contact me to be in the following committees:  Education  Legislative  Events  Membership  Green | | | | | |
| **2019 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**](mailto:denise@austinlodging.org)  ***THANK YOU FOR YOUR CONTINUED SUPPORT OF THE ASSOCIATION AND INDUSTRY*** | | | | | |
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