



Membership Application

Membership Applied For: Hotel Property Allied/Hotel Industry Supplier

Business Name : _____

Business Address: _____

City/State/Zip: _____ Telephone: _____

Fax: _____ Email: _____ Website: _____

Name and Title of Representatives:

Annual Dues Computation:

Hotel Property: Number of Rooms _____ X \$5.00 per room = \$ _____ (\$700 minimum)

Hotel Property Under Construction: Number of Rooms: _____ X \$2.00 per room = \$ _____

Allied Company: \$500

Name of Applicant: _____ Signature: _____

Title: _____ Date: _____

Method of Payment: Check Enclosed Please Invoice
 Credit Card Visa MasterCard American Express

Credit Card #: _____ Exp. Date: _____

Cardholder's Name: _____ Security Code: _____

Card Statement Address: _____ Zip: _____

Dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible by members as ordinary business expense.

Please send this application with check or payment information to:

Hotel Association of Los Angeles

801 South Figueroa, Suite 1050, Los Angeles, CA 90017

Tel: 213-213-507-3729 / Fax: 213-747-4900

Email: Mail@HotelAssociationLA.com