

Lodging Membership Application

PROPERTY INFORMATION

Property Name:				
Property Address:				
City:		Zip Code: _		County:
Phone:	Toll Free: _			Fax:
Website:		_ Reservation E	-Mail:	
Number of Rooms:	Type of Rooms:	□ Rooms □	Suites □ Cabins □ 0	Condos Other:
PRIMARY CONTACT				
Name:	Title:			E-Mail:
KEY PERSONNEL (Please of	complete all positions that ar	re different than	primary contact)	
General Manager:	□ Mr. □ Ms			E-Mail:
Director of Sales:	□ Mr. □ Ms			E-Mail:
Human Resource Director:	□ Mr. □ Ms			_ E-Mail:
Controller:	□ Mr. □ Ms			_ E-Mail:
Director of Housekeeping:	□ Mr. □ Ms			_ E-Mail:
Front Office Manager:	□ Mr. □ Ms			E-Mail:
Please add additional positio	ns and contacts as necessa	ry (extra pages	may be attached)	
MAILING/BILLING INFORM				
Company:				
Company Address:				
City:	State: Zi	ip Code:	Phone	e Number:
		MBERSHIP INV		
Γ	Catan		A-I TA	
	<u>Categ</u> 1-15 R		<u>AzLTA</u> \$100.00*	
	16-35 F		\$250.00*	
	36-50 R		\$325.00*	
	51-150 l		\$10.75 per room	
	151+ R Construction		\$11.25 per room \$300.00	
			erties 1-50 rooms (Optional)	
Ciamatura.			·	
Signature:	Ti	tle:		Date:
	'''	นษ		Date

We hereby submit our application for membership in the Arizona Lodging & Tourism Association

In compliance with the OMNIBUS RECONCILIATION ACT OF 1993, it is estimated that 75% of your membership dues are fully deductible as a business expense. The remaining 25% is related to legislative advocacy activities and is not deductible. Further information regarding this law should be obtained from your tax advisor.