



Corporate Membership Application

COMPANY INFORMATION & PRIMARY CONTACT

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

Phone: _____ Toll Free: _____ Fax: _____

Primary Contact Name: _____

Title: _____ Phone: _____ E-Mail: _____

ADDITIONAL CONTACTS (if applicable)

Name: _____

Title: _____ Phone: _____ E-Mail: _____

Name: _____

Title: _____ Phone: _____ E-Mail: _____

PROPERTIES OWNED/MANAGED

Corporate Members must represent a Franchise Company or own and/or manage at least one Arizona based property and have that property be a current member in good standing. Please list at least one of your Arizona lodging establishments your company owns or manages.

AzLTA MEMBERSHIP INVESTMENT

\$500.00

PAYMENT INFORMATION

Billing Contact: _____ Title: _____

Types of Payment: Check Enclosed (Please make payable to: Arizona Lodging & Tourism Association)

Credit Card: American Express Master Card Visa **SEC:** _____

Account #: _____ **Expiration Date:** _____ **Security Code:** _____ **Billing Zip:** _____

Cardholder: _____

Signature: _____ **Date:** _____

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

AZLTA has estimated that the portion of its annual dues which are non-deductible due to lobbying expenditures is 30% per calendar year. The remaining dues may be tax deductible as a business expense. Please consult your tax advisor for more information.