

Corporate Membership Application

COMPANY INFORMATION & PRIMARY CONTACT

Company Name:				
Company Address:				
City:		State: Zip Code: _	Website	9:
Phone:	Toll Fr	ree:	Fax:	
Primary Contact Name	::			
Title:		Phone:	E-Mail:	
ADDITIONAL CONT	TACTS (if applicable)			
Name:				
Title:		_ Phone:	E-Mail:	
Name:				
Title:		Phone:	E-Mail:	
		mpany or own and/or manage ase list at least one of your Ar		
	AzL	TA MEMBERSHIP INVES \$500.00	TMENT	
PAYMENT INFORM	ATION			
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:			

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.