

MEMBERSHIP APPLICATION – ALLIED

GENERAL INFORMATION – MAILING CONTACT

Contact Name: _____ Title: _____
 Full Name of Business: _____
 Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Web site: _____ Email: _____
 # Employees _____ Events/Products/Services _____

BILLING INFORMATION (if different from above)

Contact Name: _____ Title: _____
 Addr _____ Email: _____
 City: _____ County: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____

Allied Dues Investment

	Annual Investment
Membership	\$500

If paying by credit card, please complete the following:

___ American Express ___ MasterCard ___ VISA

Amount: \$ _____

Card #: _____ Exp. Date: _____

Name on Card: (Print) _____

Bill Address: _____

Authorized Signature: _____

Please have a GHLA representative contact me regarding the following GHLA programs:

___ Credit Card/Payroll	___ Worker’s Comp. Ins.	___ Broadcast Music
___ Processing	___ Natural Gas Service	___ Healthcare Coverage
___ Legal Services	___ Human Resources Services	___ Tax Credit Consulting
___ Office Supplies	___ Printing / Copying Services	___ Discounts on EI Products

To be considered for membership in GHLA, a completed membership application must be returned along with a check for the annual dues investment. (For payment by credit card, please complete the information above.) Membership dues for subsequent years will be invoiced on the anniversary date of your membership.

In consideration of payment of the membership dues investment, the Georgia Hotel & Lodging Association (GHLA) provides its members with valuable services including, but not limited to: serving the interests of its membership before state legislative and regulatory bodies; educational seminars and continuing education programs; communications and public relations for the industry; and other activities of benefit to GHLA members.

Therefore, in exchange for the services provided by GHLA, the undersigned agrees as follows: to pay membership dues investment amount and in such installments as may be determined by GHLA in accordance with its Bylaws; and to provide the Association in writing, addressed to the Executive Director of its desire to cancel its membership.

Communications Authorization - GHLA communicates with members via emails and occasionally by fax.

I authorize GHLA to send information by email. I authorize GHLA to send information by fax.

Signed: _____ Title: _____ Date: _____

RETURN COMPLETED APPLICATION TO: **FAX: (404) 745-8899**
MAIL: GHLA • 7421 Douglas Blvd., Suite N, #162 • Douglasville, GA 30135