



Ph: (404) 771-2996  
 Fax: (404) 745-8899  
 Membership@ghla.net

**MEMBERSHIP APPLICATION – GEORGIA**

**GENERAL INFORMATION – MAILING CONTACT**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Full Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web site: \_\_\_\_\_ Email: \_\_\_\_\_

# Rooms \_\_\_\_\_ # Employees \_\_\_\_\_ #Mtg. Rms: \_\_\_\_\_ # Bed & Breakfast \_\_\_\_\_  
 # Restaurants \_\_\_\_\_ # Beer/Wine Lic. \_\_\_\_\_ #Liquor Lic.: \_\_\_\_\_

**BILLING INFORMATION (if different from above)**

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

**Hotels & Motels**

<b>NO F&amp;B</b>	<b>Annual Investment</b>
Construction	\$227.25
50 rooms or less	\$227.25
51-75 rooms	\$6.45 per room
over 75 rooms	\$6.75 per room
<b>WITH F&amp;B</b>	<b>Annual Investment</b>
Construction	\$263.50
50 rooms or less	\$263.50
51-75 rooms	\$7.25 per room
over 75 rooms	\$7.55 per room

**If paying by credit card, please complete the following:**

\_\_\_ American Express    \_\_\_ MasterCard    \_\_\_ VISA

Amount: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: (Print) \_\_\_\_\_

Billing Addr. \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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 • 233 Peachtree St. NE, Ste. 1400 • Atlanta, GA 30303

#Web2014