



# NEW JERSEY HOTEL & LODGING ASSOCIATION

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www.njhla.com

PLEASE TYPE OR PRINT CLEARLY

## MEMBERSHIP APPLICATION

Hotel / Motel Name

Franchise / Chain Affiliation / Independent

Address

City

County

Zip

Owner

Manager

Phone

Fax

Email

### ANNUAL DUES INVESTMENT: Flat Rate \$400

Dues are payable in advance. Membership granted in accordance with the constitution and by-laws of the New Jersey Hotel & Lodging Association.

I will be paying by:

Check (made payable to: **New Jersey Hotel & Lodging Association**)

Visa

MasterCard

American Express

Account #: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_ CVV: \_\_\_\_\_

Credit Card Billing Address (if different from above):

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In making application for membership in the New Jersey Hotel & Lodging Association, I agree to abide by the constitution, by-laws, and policies of the association.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

*\* Membership applications must be signed by the lodging owner or legal representative. Membership is valid in writing to the applicant in accordance with the New Jersey Hotel & Lodging Association by-laws when confirmed \**