

New Jersey Hotel & Lodging Association

414 River View Plaza, Trenton, New Jersey 08611

609-278-9000

609-393-9891

info@njhla.com

www.njhla.com



PLEASE PRINT OR TYPE

Allied Partner Membership Application

Key Contact Name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Please provide a one sentence description of your firm's products and services:

How long has your company been in business?

How long has your company marketed to the lodging industry?

Name of individual responsible for marketing/advertising:

Please list your federal and state Tax Identification Numbers:

SIC:

Your dues are \$2,000 per company or independent contractor. An authorized person must be designated the principal member. Fees are not deductible as charitable contributions for federal income tax purposes, but maybe deductible as a business expense.

Print Name:

Date:

Signature:

Title:

How did you hear of NJH&LA?:

Sponsored by:

Annual Allied Partner Dues (payable in advance) \$2,000

Make checks payable to **NJH&LA**

Pay by Credit Card:

Type:

Expiration:

/

Name on card: