

New Jersey Hotel & Lodging Association

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PLEASE PRINT OR TYPE

Allied 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 \$200 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 Member Dues (payable in advance) \$200

Make checks payable to **NJH&LA**

Payby CreditCard:

Type:

Expiration:

Name on card:

Credit Card Number:

CVV:

Billing Address: