



2017 Allied Membership Application

COMPANY INFORMATION

Company Name: _____
 Company Address: _____
 City: _____ Zip Code: _____ Website: _____
 Phone: _____ Toll Free: _____ Fax: _____

PRIMARY CONTACT

Name: _____ Title: _____ E-Mail: _____

ADDITIONAL CONTACTS

Name: _____ Title: _____ E-Mail: _____
 Name: _____ Title: _____ E-Mail: _____

COMPANY DESCRIPTION – See Additional Services Fee below

Please provide a 50 – 75 word description of your company’s product/service: _____

What level do you see yourself?
 PLEASE NOTE: Any contributions or gifts to the Colorado Hotel & Lodging Association are NOT tax deductible as “charitable contributions” for federal income tax purposes; however, the payment is deductible as a business expense to the extent that the dues are not used for lobbying purposes. For the current year, \$77.00 of your dues will be used for lobbying purposes and hence is not deductible as a business expense.

Level of membership: Annual dues reflect level of membership with the Colorado Hotel & Lodging Association.

| | |
|---|----------|
| <input type="checkbox"/> Basic Allied | \$375 |
| <input type="checkbox"/> Allied Plus – Bronze | \$1500 |
| <input type="checkbox"/> Allied Plus – Silver | \$3000 |
| <input type="checkbox"/> Allied Plus – Gold | \$5,000 |
| <input type="checkbox"/> Allied Plus – Platinum | \$10,000 |

Additional Services: **Company Description** - \$50

AMOUNT DUE: \$ _____ Check Enclosed (Make payable to: Colorado Hotel & Lodging Association)

Billing Contact: Primary Contact Billing Contact in Accounting Dept.: _____

Credit Card: American Express MasterCard VISA Discover

Card Number: _____ **Expiration Date:** _____ **Code:** _____

I hereby authorize CHLA to initiate auto-renewal on this credit card account which shall remain in effect until written notification from me is received by CHLA.

Cardholder: _____ **Signature:** _____

Dues are payable in advance and membership is continuous unless cancelled in writing. Cancellations are effective 30 days following receipt of such notice.

PRODUCT & SERVICE CATEGORIES

Please select from the following list of product and/or service categories below that are applicable to your company.

Check one (1) category:

- | | |
|--|---|
| <input type="checkbox"/> Accounting/Financial Services | <input type="checkbox"/> Management Services |
| <input type="checkbox"/> Audio Visual | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Rooms and Housekeeping |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Safety and Security |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Supplies/Equipment/Uniforms |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> IT/Internet/TV Services | |
| <input type="checkbox"/> Legal | |
| | <i>If you do not see the category that best fits your product or service. Please write the category below.</i> |
| | <input type="checkbox"/> Other _____ |
| | _____ |