



2017 Associate Member/Tourism Partner 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: _____

Membership Investment

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 are not deductible as a business expense.

Annual Dues are \$100

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.