



# 2018 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.