



2020 Lodging Property Membership Application

PROPERTY INFORMATION

Property Name: _____
 Management Company Name: _____
 Property Address: _____
 City: _____ Zip Code: _____ County: _____
 Phone: _____ Toll Free: _____ Fax: _____
 Website: _____ Reservation E-Mail: _____
 General Manager: _____ E-mail: _____

PRIMARY CONTACT (If different than above)

Name: _____ Title: _____ E-Mail: _____

KEY PERSONNEL (Please complete all positions that apply. This will help us deliver important news, information and benefits.)

Director of Sales: _____ E-Mail: _____
 Human Resource Director: _____ E-Mail: _____
 Controller: _____ E-Mail: _____
 Director of Housekeeping: _____ E-Mail: _____
 Maintenance Engineer: _____ E-Mail: _____
 Purchasing Manager: _____ E-Mail: _____
 Other: _____ E-Mail: _____

MAILING/BILLING INFORMATION (If different than Property Information)

Company: _____ Contact Name: _____
 Company Address: _____
 City: _____ State: _____ Zip Code: _____ Phone Number: _____

Membership Investment:

PLEASE NOTE: Any contributions or gifts to the Colorado Hotel & Lodging Association are not 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, \$110.00 of your dues will be used for lobbying purposes and hence is not deductible as a business expense. CHLA is a Partner State Association of the American Hotel & Lodging Association (AHLA).

Please Note: All lodging members are required to pay a \$200 mandatory contribution to the Legislative Readiness Fund.

Categories	Independent	Chain
<input type="checkbox"/> 1-35 rooms	\$275 + \$200	\$275 + \$200
<input type="checkbox"/> 36-50 rooms	\$350 + \$200	\$350 + \$200
<input type="checkbox"/> 51+ rooms	\$9/room + \$200	\$9/room + \$200

Number of Rooms: _____ Type of Rooms: Independent Chain Other: _____

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: _____
 Cardholder: _____ Signature: _____