



# 2021 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: \_\_\_\_\_

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