



2022 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

- 1-35 rooms
- 36-50 rooms
- 51+ rooms

Independent

- \$275 + \$200
- \$350 + \$200
- \$9/room + \$200

Chain

- \$275 + \$200
- \$350 + \$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.