

# New Jersey Hotel & Lodging Association

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609-278-9000 609-393-9891  
info@njhla.com www.njhla.com



Please Type

## Allied Membership Application

Key Contact Name

Title

Company

Address

City

State

Zip

Telephone

Fax

eMail

Please provide a one sentence description of your firm's products and services

How long has your company been in business?

How long has your company marketed to the lodging industry?

Name of individual responsible for marketing/advertising

Please list your federal and state Tax Identification Numbers

SIC

Your dues are \$200 per company or independent contractor. An authorized person must be designated the principal member. There is a \$50 charge for each additional person placed on the mailing list.

Also add to mailing list

I certify that the above information is true. In applying for Allied Membership in the New Jersey Hotel & Lodging Association, I agree to abide by the constitution and By-Laws of the Association.

Print Name

Date

Signature

Title

How did you hear of NJH&LA?

Sponsored by

Annual Allied Member Dues (payable in advance) \$200  
(plus \$50 for each additional person receiving NJH&LA mailings)

Amount Enclosed: \_\_\_\_\_

Make checks payable to **NJH&LA**

**Bill My:**

Visa  MasterCard  American Express

Account #: \_\_\_\_\_ Expires: \_\_\_\_\_

Signature: \_\_\_\_\_