CALIFORNIA LODGING INDUSTRY ASSOCIATION

SERVING LODGING OWNERS AND THEIR MANAGEMENT TEAMS

Application for Associate Membership

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ FAX (_____) _____

WEB SITE _____ E-MAIL _____

CONTACT _____ TITLE _____

SERVICE/PRODUCT _____

Descriptive text for complimentary listing on CLIA's Website and in the Annual Resource & Buyers' Guide:
Only one character per space, please, including all punctuation and spaces.

○ My check in the amount of $349.00 for annual membership dues is enclosed.

○ Please charge my ○ American Express ○ Master Card ○ Visa

Credit Card # _____ Exp. Date _____

Name on Card/ Signature _____

If paying by credit card, application may be faxed to: (916) 925-0785.

APPLICANT'S SIGNATURE _____ DATE _____

REFERRED BY _____

Note: Membership is continuous until canceled in writing and dues are fully earned by CLIA at time of receipt. Membership dues are not deductible as charitable contributions, but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary expense to the extent that CLIA engages in lobbying. The non-deductible portion of dues for is estimated to be 16 percent.

P.O. BOX 15918 Sacramento, CA 95852-0918 (916)925-2915 FAX (916)925-0785 info@clia.org www.clia.org