



CALIFORNIA LODGING INDUSTRY ASSOCIATION

Mail application to:
CLIA
2150 River Plaza Drive Suite 295
Sacramento, CA 95833
 Credit Card payment may be FAXED to:
 (916) 686-1321

LODGING PROPERTY APPLICATION

PROPERTY NAME _____

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PROPERTY PHONE (____) _____ WEB SITE _____

OWNER NAME _____ E-MAIL _____

GENERAL MANAGER NAME _____ E-MAIL _____

Owner/General Manager are same contact.

Membership Investment is billed annually. Membership is continuous until canceled in writing, and investment is fully earned by CLIA at time of receipt. Upon receipt of dues payment, contact(s) listed above will be emailed a membership packet, which includes user name and password for www.clia.org.

For information on CLIA member benefits please visit www.clia.org or call 916/925-2915.

Membership Payment Information

<p>Lodging Membership Dues Schedule</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Select</th> <th style="text-align: left;">Number of Rooms</th> <th style="text-align: left;">Annual Dues Investment</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1-22</td> <td>\$189</td> </tr> <tr> <td><input type="checkbox"/></td> <td>23-35</td> <td>\$289</td> </tr> <tr> <td><input type="checkbox"/></td> <td>36-50</td> <td>\$389</td> </tr> <tr> <td><input type="checkbox"/></td> <td>51+</td> <td>\$489</td> </tr> </tbody> </table> <p><input type="checkbox"/> My property is a "Bed & Breakfast"</p> <p><input type="checkbox"/> My property is owned/operated by the management firm:</p> <p><small>Note: Lodging properties owned/operated by a management firm may be eligible for a dues discount. Contact info@clia.org for more information.</small></p>	Select	Number of Rooms	Annual Dues Investment	<input type="checkbox"/>	1-22	\$189	<input type="checkbox"/>	23-35	\$289	<input type="checkbox"/>	36-50	\$389	<input type="checkbox"/>	51+	\$489	<p>Number of Rooms/Units _____</p> <p>Number of Employees _____</p> <p>Dues Investment (see schedule) \$ _____</p> <p>TOTAL DUES PAID: \$ _____</p> <p><input type="checkbox"/> Enclosed is my check payable to "CLIA"</p> <p><input type="checkbox"/> Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx</p> <p><input type="checkbox"/> Split my dues into two equal payments I authorize the 1st payment be charged to my credit card immediately and the 2nd payment no sooner than 6 months before my membership expires. There will be a \$25 administrative fee for Split Dues option.</p> <p>Acct. No. _____</p> <p>Exp. Date _____</p> <p>Cardholder's Name _____</p> <p>Signature _____</p>
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<p>Vacation Rental Dues Schedule</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Select</th> <th style="text-align: left;">Number of Units</th> <th style="text-align: left;">Annual Dues Investment</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1-28</td> <td>\$249</td> </tr> <tr> <td><input type="checkbox"/></td> <td>29+</td> <td>\$349</td> </tr> </tbody> </table>	Select	Number of Units	Annual Dues Investment	<input type="checkbox"/>	1-28	\$249	<input type="checkbox"/>	29+	\$349							
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AUTHORIZATION:

I understand that by providing my contact information and signing this form, I consent to receive print and electronic communications sent by or on behalf of CLIA. CLIA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a necessary and ordinary business expense. In accordance with the Omnibus Budget Reconciliation Act of 1993, CLIA reasonably estimates that 16% of your dues are allocable to non-deductible business expenditures. Further information on this tax law should be obtained from your tax advisor.

Signature: _____ Date: _____