CALIFORNIA LODGING INDUSTRY ASSOCIATION

SERVING LODGING OWNER AND THEIR MANAGEMENT TEAMS

APPLICATION FOR VACATION RENTAL MANAGEMENT MEMBERSHIP

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____ FAX* (____) _____ * CALL FIRST? ○ Yes

E-MAIL _____ WEB SITE _____

CONTACT _____ TITLE _____

NUMBER OF RENTABLE UNITS/PROPERTIES:_____ NO. OF EMPLOYEES _____

○ My check in the amount of $249 for annual membership dues in enclosed. (1 – 28 Properties)

○ My check in the amount of $349 for annual membership dues in enclosed. (29+ Properties)

Please charge my ○ Master Card ○ Visa ○ American Express

Credit Card # _____ Exp. Date _____

Authorized Signature _____

APPLICANT'S SIGNATURE _____ DATE _____

REFERRED BY _____ COMPANY NAME _____

Membership Investment is billed annually and is continuous until canceled in writing. Membership investment is fully earned by CLIA at time of receipt.

Descriptive text for complimentary listing on CLIA's Website:
(Only one character per space, please, including all punctuation and spaces.)

Note: 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 is estimated to be 16 percent.

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

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