

PLEASE PRINT & MAIL THE COMPLETED APPLICATION TO:



1392 North Killian Drive
Lake Park, Florida 33403
Phone: (561) 882-9813
Fax: (561) 882-9819
info@hotelassociation.com

Type of Membership: Hotel/Lodging Allied

Name of Property or Company: _____

If Hotel/Lodging, Number of Rooms shown on State License: _____

If Allied, Type of Goods/Service: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____ 800 Number (if applicable): _____

Fax: _____

E-Mail: _____

Website: _____

Contact person: _____
(all correspondence will be sent to this person)

Title: _____

Our check in the amount of \$ _____ is enclosed.

Please make check payable to: **Palm Beach County Hotel & Lodging Association.**

Dues are based on a calendar year (January – December) - There is no initiation fee:

- Hotel/Lodging Membership - \$500.00 per property, plus \$2.75 per room
- Allied Membership - \$395.00