

Central Florida Hotel and Lodging Association

2020 Allied Membership Application



Mission Statement:

Advancing Tourism and the Community Through Hospitality



Company Name: _____
Primary Contact: _____
Title/Position: _____
Type of Business/Business Description: _____
Mailing Address: _____
Office Phone: _____ Cell Phone: _____
Email Address: _____ Website: _____
Referred by: _____

Additional Contacts:

1. Name: _____ Title: _____ Email: _____
2. Name: _____ Title: _____ Email: _____
3. Name: _____ Title: _____ Email: _____
4. Name: _____ Title: _____ Email: _____

PAYMENT MUST ACCOMPANY ENROLLMENT FORM. 2020 Allied Member Dues: \$649

VISA Master Card American Express Check # _____

Card Number: _____ Exp: _____ CVV: _____

Name of Card: _____

Signature: _____

Billing Address: _____

Allied Member Company: \$649

Weekly Building Leads (Optional): \$100

(Orange, Osceola, Seminole and Lake Counties)

Total amount Due: _____

***Membership Dues are based on the Calendar Year and will
expire on December 31, 2020.***

Please return via fax: 407-313-5050, or email to:

Central Florida Hotel and Lodging Association

Attn: Erin Walsh

PH: 407-313-5012

Email: membership@cfhla.org