

Central Florida Hotel and Lodging Association

2019 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: _____
Billing 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. 2019 Allied Member Dues: \$649

VISA Master Card American Express Check # _____

Card Number: _____ Exp: _____ CVV: _____

Signature: _____

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, 2019.

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

Central Florida Hotel and Lodging Association

Attn: Erin Walsh

6675 Westwood Blvd, Suite 210

Orlando, FL 32821

PH: 407-313-5012

Email: membership@cfhla.org