



PROPERTY MEMBERSHIP APPLICATION

Property Name: _____

Title (GM/Manager/Innkeeper): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ E-Mail: _____

CLA Annual Dues Investment

Membership Dues Computation:

Room Count: _____

Food & Beverage Operation: Yes _____ No _____

35 rooms and under	\$300/year
36-50 rooms	\$300 + \$5.00 per room above 35 Rooms.
51 rooms and over	\$8.40 per room

Total Membership Fee Due:

\$ _____

___ Find check payable to: CLA, 169 Orange St., New Haven, CT 06510

___ Bill my credit card: ___ MC ___ VISA ___ AMEX

CC#: _____

Exp.: _____ Signature: _____