



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, 100 Roscommon Dr., Suite 320, Middletown , CT, 06457

\_\_\_ Bill my credit card:    \_\_\_ MC    \_\_\_ VISA    \_\_\_ AMEX

CC#: \_\_\_\_\_

Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_