



PROPERTY MEMBERSHIP APPLICATION

Date: _____

Property Name: _____

Name & Title (GM/Owner): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____ E-Mail: _____

DUES CALCULATION

Room Count: _____

Food & Beverage Operation: Yes ___ No ___

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

Total Membership Fee Due: \$ _____

___ Find check payable to: CT Lodging Association, P.O. BOX 1576, New Haven, CT 06506

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

CC#: _____ CVV _____

Exp.: _____ Signature: _____