



## Associate Member Application

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 800/ \_\_\_\_\_ Cell \_\_\_\_\_ Web: [www. \\_\\_\\_\\_\\_](#)

**Please attach a copy of your business Occupational License.**

Please list all others who should be notified of our meetings.

Name: \_\_\_\_\_ Email \_\_\_\_\_  
 Name: \_\_\_\_\_ Email \_\_\_\_\_  
 Name: \_\_\_\_\_ Email \_\_\_\_\_

**I/We hereby apply for Associate Membership in the Lodging Association of the Florida Keys & Key West And agree to pay the dues as required. I/We further understand that all applications are subject to approval by the Association.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Printed name** \_\_\_\_\_ **Title** \_\_\_\_\_

### Associate Member Annual Dues \$250.00

Payment Options:

Check made payable to "The Lodging Association" enclosed.  Please invoice us for payment.

Please charge my credit card:  MC  VISA  American Express

Name on card: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ EXP Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please provide a brief description of your business for INSIGHTS (include a jpeg logo or digital photo if available)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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