

Lodging Member Application

PLEASE PRINT CLEARLY

PROPERTY NAME
Corporate Ownership or other name
Physical Address
Сіту, State, Zip
Mailing Address
Сіту, State, Zip
PHONE Fax
Manager's Name
Email Address
- Your E-mail address is our primary means of contacting you, including meeting notices, weekly confidential President's Report, special reports and emergency announcements.
IT SHOULD BE THE OWNER'S AND/OR GENERAL MANAGER'S PERSONAL EMAIL ADDRESS, NOT THE WEBSITE OR INFO EMAIL ADDRESS.
I/WE HEREBY APPLY FOR LODGING MEMBERSHIP IN THE LODGING ASSOCIATION OF THE FLORIDA KEYS & KEY WEST AND AGREE TO PAY DUES AS REQUIRED. I/WE AGREE TO COMPLY WITH THE BY-LAWS, RULES AND REGULATIONS OF THE

AGREE TO COMPLY WITH THE BY-LAWS, RULES AND REGULATIONS OF THE ASSOCIATION. I/WE FURTHER UNDERSTAND THAT ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE ASSOCIATION. I/WE ARE LICENSED UNDER FLORIDA STATUTES FOR TRANSIENT RENTALS OF 28 DAYS OR LESS AND COLLECT THE STATE SALES TAX.

SIGNATURE

_____DATE_____

PRINTED NAME AND TITLE:

PLEASE ATTACH COPIES OF STATE, COUNTY AND MUNICIPAL LICENSES & SALES TAX CERTIFICATE. NUMBER OF UNITS SHOWN ON STATE LICENSE_____ LODGING MEMBERSHIP ANNUAL DUES SCHEDULE: \$200.00 BASE FEE PLUS \$8.00 PER TRANSIENT LICENSE.

Enclosed is a check in the amount of \$_____ in payment of annual dues.

ANNUAL DUES MUST BE PAID IN FULL BY JANUARY 31ST OF EACH YEAR AND ARE NON-REFUNDABLE!

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