

Type of Member: **Allied Member*** **Convention & Visitors Bureau****

***Allied Membership Eligibility** - Any company whose business serves Ohio's lodging industry.

****CVB Eligibility** - Any organization who performs the duties of a convention & visitors bureau.

Student*** **Teacher*****

*****Student/Teacher Eligibility** - Any administrator, teacher or student with a hospitality program in Ohio.

BUSINESS INFORMATION:

Name: _____ Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: () _____ Toll Free: () _____ ****Fax: () _____

Web site http://www. _____ ****E-mail: _____

Brief description of service: _____

MAILING/ BILLING INFORMATION:

Same as above

Please mail all correspondence to address below

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: () _____ Fax: () _____ E-mail: _____

Please indicate which local council you are interested in and the contact for that council:

| Council | Contact Name | Title | Phone | E-mail |
|-------------------------------------|---------------------|--------------|--------------|---------------|
| Amish Country Lodging Council: | _____ | _____ | _____ | _____ |
| Greater Akron Lodging Council: | _____ | _____ | _____ | _____ |
| Greater Columbus Lodging Council: | _____ | _____ | _____ | _____ |
| Greater Cincinnati Lodging Council: | _____ | _____ | _____ | _____ |
| Greater Cleveland Lodging Council: | _____ | _____ | _____ | _____ |
| Greater Dayton Lodging Council: | _____ | _____ | _____ | _____ |
| Northwest Ohio Lodging Council: | _____ | _____ | _____ | _____ |
| Southeast Ohio Lodging Council: | _____ | _____ | _____ | _____ |
| B&B Lodging Council: | _____ | _____ | _____ | _____ |

****By providing my fax number and/or e-mail address and by signing and returning this form, I give my express permission for the Ohio Hotel & Lodging Association to contact me and my organization by fax and e-mail. I understand that I can change my communication preferences at any time.

Authorized Signature: _____

| | | | |
|--|------------------------|----------------|-------------|
| | Investment Dues | | Dues |
| Allied Members | \$400 | Student | \$20 |
| CVB with annual budget of \$250,000 or more | \$400 | Teacher | \$20 |
| CVB with annual budget under \$250,000 | \$250 | | |

METHOD OF PAYMENT

Make checks payable to the Ohio Hotel & Lodging Association. Fax completed form to: 614-224-4714, Attn: Membership Department or mail to the OH&LA, Attn: Membership Dept, 692 N. High St. Suite 212, Columbus, OH 43215.

Payment Method: Check Enclosed American Express MasterCard Visa

Name on Card (please print): _____

Card Account Number: _____ Exp Date: _____ CID: _____

Authorized Signature: _____ Date: _____

*Annual membership begins July 1. Anyone joining after July 1 will be prorated quarterly for the year.
Your one-year membership renews annually, unless we receive written notification from you.*

RETURN THIS FORM TO:

Ohio Hotel & Lodging Association - 692 N. High St • Suite 212 • Columbus, OH • 43215

Phone 614.461.6462 • Fax 614.224.4714 • Toll free 1.800.589.6462 • info@ohla.org • www.ohiolodging.com