

# Central Florida Hotel and Lodging Association

## 2024 Allied Membership Application



Mission Statement:

Advancing Tourism and the Community Through Hospitality



Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Type of Business/Business Description: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Referred by: \_\_\_\_\_

Additional Contacts:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT MUST ACCOMPANY ENROLLMENT FORM. NEW 2024 Allied Member Dues: \$699**

VISA  Master Card  American Express  Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

**NEW Allied Member Company: \$699**

**Weekly Building Permits and New Businesses Optional: \$100**

**Total amount Due: \_\_\_\_\_**

**\*Membership Dues are based on the Calendar Year and will  
expire on December 31, 2024.\***

**Please return to:**

**Erin Walsh**

**Email: [erin.walsh@cfhla.org](mailto:erin.walsh@cfhla.org)**