



2021 Associate Member/Tourism Partner Application

COMPANY INFORMATION

Company Name: _____

Company Address: _____

City: _____ Zip Code: _____ Website: _____

Phone: _____ Toll Free: _____ Fax: _____

PRIMARY CONTACT

Name: _____ Title: _____ E-Mail: _____

ADDITIONAL CONTACTS

Name: _____ Title: _____ E-Mail: _____

Name: _____ Title: _____ E-Mail: _____

Membership Investment
Please note: Any contributions or gifts to the Colorado Hotel & Lodging Association are NOT tax deductible as "charitable contributions" for federal income tax purposes; however, the payment is deductible as a business expense to the extent that the dues are not used for lobbying purposes. For the current year, \$110.00 of your dues will be used for lobbying purposes and hence are not deductible as a business expense.

Annual Dues are \$100

AMOUNT DUE: \$ _____ Check Enclosed (Make payable to: Colorado Hotel & Lodging Association)

Billing Contact: Primary Contact Billing Contact in Accounting Dept.: _____

Credit Card: American Express MasterCard VISA Discover

Card Number: _____ Expiration Date: _____ Code: _____

Cardholder: _____ Signature: _____

Dues are payable in advance and membership is continuous unless cancelled in writing. Cancellations are effective 30 days following receipt of such notice.

Applications can be returned by email to amayhew@chla.com or by mail
1701 California Street, Suite L-1061 • Denver, CO 80202
Phone: 303.297.8335 • www.chla.com