



2021 Construction Membership Application

PROPERTY INFORMATION

Property Name: _____

Management Company Name: _____

Property Address: _____

City: _____ Zip Code: _____ County: _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____ Reservation E-Mail: _____

General Manager: _____ E-mail: _____

PRIMARY CONTACT (If different than above)

Name: _____ Title: _____ E-Mail: _____

KEY PERSONNEL (Please complete all positions that apply. This will help us deliver important news, information and benefits.)

Director of Sales: _____ E-Mail: _____

Human Resource Director: _____ E-Mail: _____

Purchasing Manager: _____ E-Mail: _____

Other Key Personnel: _____ E-Mail: _____

MAILING/BILLING INFORMATION (If different than Property Information)

Company: _____ Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Membership Investment:

PLEASE NOTE: Any contributions or gifts to the Colorado Hotel & Lodging Association are not 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 is not deductible as a business expense. CHLA is a Partner State Association of the American Hotel & Lodging Association (AHLA).

Construction Member Annual Dues: \$350 + \$200 = \$550

Please Note: All lodging members are required to pay a \$200 mandatory contribution to the Legislative Readiness Fund.

Estimated # Lodging Units: _____ Estimated Opening Date: _____

Following the Opening Date, this property will be categorized as one of the following:

<u>Categories</u>	<u>Independent</u>	<u>Chain</u>	<u>Condo</u>
<input type="checkbox"/> 1-35 rooms	\$275 + \$200	\$275 + \$200	\$375 + \$200
<input type="checkbox"/> 36-50 rooms	\$350 + \$200	\$350 + \$200	\$375 + \$200
<input type="checkbox"/> 51+ rooms	\$9/room + \$200	\$9/room + \$200	\$9/room + \$200
Number of Rooms: _____	Type of Rooms: <input type="checkbox"/> Independent <input type="checkbox"/> Chain <input type="checkbox"/> Condo/Resort <input type="checkbox"/> Other: _____		

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