

**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:**

<b>Council</b>	<b>Contact Name</b>	<b>Title</b>	<b>Phone</b>	<b>E-mail</b>
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: \_\_\_\_\_

	<b>Investment Dues</b>		<b>Dues</b>
<b>Allied Members</b>	<b>\$500</b>	<b>Student</b>	<b>\$20</b>
<b>CVB with annual budget of \$250,000 or more</b>	<b>\$400</b>	<b>Teacher</b>	<b>\$20</b>
<b>CVB with annual budget under \$250,000</b>	<b>\$250</b>		

**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**