

# OH&LA Membership Application

We hereby submit our application for membership in the Ohio Hotel & Lodging Association, including benefits from the American Hotel & Lodging Association.

**Type of Member:**    **Active\***    **Bed & Breakfast\*\***

**\*Active Membership Eligibility** - Any licensed lodging establishment that rents rooms, suites on a basis of thirty one (31) days or less within the State of Ohio shall be eligible for Active membership.

**\*\*Bed & Breakfast Membership Eligibility** - The State of Ohio, for licensing purposes, defines a hotel as any property with five or more sleeping rooms. OH&LA, for membership purposes, allows any property with 20 or fewer sleeping rooms eligibility for B&B membership.

## **PROPERTY/BUSINESS/INSTITUTION INFORMATION:**

Property/Business/Institution Name: \_\_\_\_\_

Actual # of rentable rooms: \_\_\_\_\_ Type of rooms:    Rooms    Suites    Cabins    Other: \_\_\_\_\_

Property/Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Tel: (     ) \_\_\_\_\_ Toll Free: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Web site http://www. \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact:    Mr.    Mrs.    Ms.   Name (First/Last): \_\_\_\_\_ Title: \_\_\_\_\_

## **MAILING INFORMATION:**

Same as above                       Please mail all correspondence to address below

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

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**BILLING INFORMATION:** Billing contact will receive all membership dues billings at the address indicated below.

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

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

## **OWNER INFORMATION:**

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

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Tel: (     ) \_\_\_\_\_ Toll Free: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

## **MANAGEMENT COMPANY INFORMATION:**

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

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Tel: (     ) \_\_\_\_\_ Toll Free: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_



PLEASE COMPLETE OTHER SIDE

**PROPERTY LOCATION & CHARACTERISTICS:**

Physical location (check one):  Downtown  Airport  Suburban  Waterfront  Rural  Other \_\_\_\_\_

Do you have a restaurant on the premises?  Yes  No Do you have a cocktail lounge on the premises?  Yes  No

Which classifications best describe your property (check all that apply)?

Budget  Moderate  Commercial  Luxury  Resort  All-Suite  B&B  Guest Ranch  Other \_\_\_\_\_

**KEY PERSONNEL:**

Security Director:  Mr.  Ms. \_\_\_\_\_

Front Office Manager:  Mr.  Ms. \_\_\_\_\_

Director of Housekeeping:  Mr.  Ms. \_\_\_\_\_

Director of Sales:  Mr.  Ms. \_\_\_\_\_

Director of Catering:  Mr.  Ms. \_\_\_\_\_

Fire Safety Director:  Mr.  Ms. \_\_\_\_\_

Purchasing Director:  Mr.  Ms. \_\_\_\_\_

Director of Engineering:  Mr.  Ms. \_\_\_\_\_

Controller:  Mr.  Ms. \_\_\_\_\_

Human Resources Director:  Mr.  Ms. \_\_\_\_\_

Public Relations Director:  Mr.  Ms. \_\_\_\_\_

**DUES SCHEDULE**

**Active Members - Only joint OH&LA /AH&LA membership available.**

See total dues category to calculate your membership dues.

Active Members	OH&LA Dues	AH&LA Dues	Total Dues	Total Amount
35 rooms or less	\$165.00	\$115.00	\$280.00 .....	= \$ _____
36 rooms or more	\$5.50 per room	\$3.70 per room	\$9.20 per room.....# of rooms _____ X \$9.20 =	= \$ _____
<b>Property Under Construction</b>	\$385.00	\$115.00	\$500.00 .....	= \$ _____
<b>Bed &amp; Breakfast Members</b>	\$130.00	N/A	\$130.00 .....	= \$ _____

Payment Amount (enter amount from appropriate total above): \_\_\_\_\_ Please send future invoices:  Annually  Semi-Annually

Payment Method:  Check Enclosed  American Express  MasterCard  Visa  Bill Me

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card in the Name of: \_\_\_\_\_ CID#: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



THANK YOU FOR JOINING THE



WE LOOK FORWARD TO SERVING YOU.