

OHLA Membership Application

Property Information	Invoice #:				
# of Rooms:					
☐ My property has 21 or more rooms and would be ☐ Hotel-Chain (A nationally branded hotel, such as Marr	_				
\square Hotel – Independent (A franchise hotel, privately	owned hote	el, or any other non-branded hotel with 21+ rooms.)			
\square My property has fewer than 21 rooms and would	ld be ca	tegorized as:			
☐ B&B/Inn					
☐ Cabin/Lodge					
☐ Motel	☐ Motel				
Other:	Other:				
\square My property is currently under construction					
☐ Construction Membership (Membership is valid for one year from start of membership		pate:			
Property Name:	County:				
Address:		City, State, Zip:			
Credential/Fire Registration Number (For operating properties of	nly);	# of Employees:			
Company Website:					
GM Name:	Direct Phone #:				
Email Address:					
Billing Information					
Contact Name:	Title:				
Company Name:					
Address: City, State, Zip:					
Owner/Management Company Information	_				
<u>Ownership</u>		Management			
Owner Name:		Mgmt. Co. Name:			
Owner Contact:	AND/ OR	Mgmt. Co. Contact:			
Address:		Address:			
Owner Phone #:		Contact Phone #:			
Owner Email:		Contact Email:			
□ N/A	-	□ N/A			
FOR OFFICE USE ONLY: Date Received: Date Payment Received: Received by: Date Input in System:		Date Kit Submitted: Date Ambassador Assigned: SM Shoutout:			

OHLA New Member Worksheet

Completing this worksheet is the starting point in receiving all the benefits that an OHLA Membership has to offer. The information you provide helps us maximize the value of your property's involvement.

My Staff Contacts:

Assistant GM:	Phone #:	Email Address:	
Approved to view/pay bills	Phone #:	Email Address:	
Approved to view/pay bills HR Director:	Phone #:	Email Address:	
■ Approved to view/pay bills			
Approved to view/pay bills	Pnone #:	Email Address:	
My property is: (For Chain Hotels only)			
Economy (Property is small-medium si	zed that offers limited amenities)	☐ Upscale (Full-service property with a variety of luxury amenities)	
☐ Midscale (Property is small medium sized that offers more amenities)		☐ LUXUTY (Full-service property, variety of luxury amenities, 4-5 Star Rating)	
My top 3 preferred vendors a	re:		
Vendor:		Service:	
Vendor:		Service:	
Vendor:		Service:	
The 3 greatest concerns for	-		
☐ Improving Service & Professionalism		 Increase Profitability & Sustainability Participation in Charitable & Community Involvement Safety & Security 	
_		Other:	
☐ I am interested in Energy	Cost Savings for my busin	ness	
OHLA's Premier Partners provide OHLA			
		As a mass a market as a	
☐ I am interested in Worker		* * *	
Through OHLA's Group Ratings Program our Membership.	n, OHLA is able to provide you	r business a Workers' Compensation Rating discount, as part of	
_			
☐ I am interested in using a			
An OHLA membership affords member	rs to utilize one of the best pay	roll and payment processing services in the industry.	
☐ I am interested in maximiz	zing my human capital		
		ng costs of health care, employee benefits, and human capital	
with innovative plans and technological	solutions.		
☐ I am interested in providir	ng educational and profes	ssional development to my staff	
		develop into future leaders and women in lodging	
		fessionals while WIL Connect offers professional development	
opportunities for professional women.		·	

I would like more information on how to participate in the following:

☐ Greater Akron Lodging Council
☐ Greater Cleveland Lodging Council
☐ Northwest Lodging Council
☐ Government Affairs Committee
☐ ULO Committee

☐ Under30 Gateway Committee

- ☐ Greater Cincinnati Lodging Council☐ Greater Columbus Lodging Council☐
- ☐ Education & Conference Committee
- Membership Committee
- Women in Lodging (WIL) Committee
- □ Other local meetings in my area

HOW TO SUBMIT:

Submit completed applications electronically to OHLA's Director of Membership, Halle Markwas, at halle@ohla.org