



Arkansas Hospitality Association Associate Member Application

603 Pulaski * PO Box 3866, Little Rock, AR 72203
Phone (501)376-2323 * Fax (501)376-6517
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Company Information

Firm Name _____ Type of Business _____
Mailing Address _____
City _____ State _____ Zip+4 _____ County _____
Telephone _____ Fax _____ Toll Free _____
e-mail _____ Website _____
(see back)
Contact _____ Title _____

Dues Schedule – Based on Sales Area

- _____ Statewide\$325.00 (includes Six Listings in Buyer’s Guide and Membership list)
- _____ Regional (3-5 Counties) \$250.00 (includes Four Listings in Buyer’s Guide and Membership list)
- _____ Local (1-2 Counties)\$175.00 (includes Two Listings in Buyer’s Guide and Membership list)
(Indicate listings on back)

Authorizing Signature _____ Referred by _____

Enclosed please find a check for \$ _____ payable to the Arkansas Hospitality Association.

Please charge \$ _____ to my credit card _____ Expiration date _____
(Discover, American Express, Visa, MasterCard)

Your membership dues investment is tax deductible, not as a charitable contribution, but as a business expense.
Your association estimates that 80% of your membership will be deductible for federal income tax purposes, according to the “Omnibus Budget Reconciliation Act of 1993.

Associate Member Application

List Headings under which you want to be included in Buyers Guide.

(two, four or six listing)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

By providing your e-mail address, you are granting The Arkansas Hospitality Association permission to communicate with you via e-mail. You will be able to opt out of receiving e-mails