Arkansas Hospitality Association
Associate Member Application
603 Pulaski * PO Box 3866, Little Rock, AR 72203
Phone (501)376-2323 * Fax (501)376-6517
e-mail: aha@arhospitality.org * website: arhospitality.com

Company Information

Firm Name ____________________________________ Type of Business _____________________________
Mailing Address ____________________________________________________________________________
City ______________________________ State ______ Zip+4 _______________ County _________________
Telephone _________________________ Fax ___________________ Toll Free ________________________
e-mail _________________________________ Website ___________________________________________
Contact ______________________________ Title ____________________________________________

Dues Schedule – Based on Sales Area

_____ Statewide .......................... $340.00 (includes Six Listings in Buyer’s Guide and Membership list)
_____ Regional (3-5 Counties) .......... $265.00 (includes Four Listings in Buyer’s Guide and Membership list)
_____ Local (1-2 Counties) .............. $185.00 (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.”
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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.