



Arkansas Lodging Association Membership 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

Property Information

Franchise/Chain (circle one) yes no ___ Hotel ___ Motel ___ Inn/B&B # of rooms _____

Property Name _____

Mailing Address _____ Street Address _____

City _____ State _____ Zip+4 _____ County _____

Telephone _____ Fax _____ Toll Free _____

e-mail _____ Website _____

(see back)

Contact _____ Title _____

Property offers Foodservice: (circle one) Yes No
___ Full Service (___ # of Seats) ___ Continental Breakfast Smoking Allowed: (Circle one) Yes No
___ Limited Service ___ Independent Restaurant on property Alcohol Served: (Circle one) Yes No

Corporate Ownership Information

Corporate Name _____

Address _____

City _____ State _____ Zip+4 _____

Telephone _____ Fax _____ Toll Free _____

Corporate Contact _____ Title _____

Dues Schedule

Property Type	Annual Dues
___ 1 – 50 Rooms.....	\$175.00
___ 51+ Rooms.....	\$7.10 per room

Authorizing Signature _____ Referred by _____

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

Please charge \$ _____ to my credit Card _____ Expiration _____
(Visa, Discover, American Express, 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.