Arkansas Travel Council 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

Business Information

Property Name _____________________________________ Type of Business _____________________________________
Mailing Address ___________________________________ Street Address _________________________________________
City ____________________________________________ State ______ Zip+4 ____________ County _________________
Telephone _________________________ Fax ___________________ Toll Free _________________________
e-mail _________________________________ Website ____________________________________________
(see back)
Contact ______________________________ Title _____________________________________________

Dues Schedule - Based on Annual Volume of Sales
Include $60.00 for each additional $200,000 in volume of sales above $1,000,000

$1,000,000 to $750,000………………$555.00  
_____ $749,000 to $500,000………………$450.00  
_____ $499,000 to $400,000………………$395.00  
_____ $399,000 to $300,000………………$340.00  
_____ Under $100,000………………..$175.00

Multi-unit operations pay by volume, then include $50.00 for each location up to 10, plus $20.00 for each location over 10.

Authorizing Signature _____________________________________ Referred by _____________________________

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

Please charge $________ to my credit card ________________________________ Expiration date ___________ 
(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.