

PLEASE PRINT & MAIL THE COMPLETED APPLICATION TO:



1392 North Killian Drive  
Lake Park, Florida 33403  
Phone: (561) 882-9813  
Fax: (561) 882-9819  
info@hotelassociation.com

Type of Membership:  Hotel/Lodging  Allied

Name of Property or Company: \_\_\_\_\_

If Hotel/Lodging, Number of Rooms shown on State License: \_\_\_\_\_

If Allied, Type of Goods/Service: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ 800 Number (if applicable): \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(all correspondence will be sent to this person)

Title: \_\_\_\_\_

Our check in the amount of \$ \_\_\_\_\_ is enclosed.

Please make check payable to: **Palm Beach County Hotel & Lodging Association.**

**Dues are based on a calendar year (January – December) - There is no initiation fee:**

- Hotel/Lodging Membership - \$575.00 per property, plus \$4.50 per room
- Allied Membership - \$495.00