



# CALIFORNIA LODGING INDUSTRY ASSOCIATION

Mail application to:  
CLIA  
.....%\$%+ @GfYYh`.) &+  
.....GUVUa Ybrcz75`-), %!` , \$)

.....Credit Card payment may be FAXED to:  
.....(916) 686-1321

## MEMBERSHIP APPLICATION

### Membership Category Applying For (select one)

- Property Management Firm    Associate (California)\*    Associate (Out-of-State)
- Tourism/Hospitality Organization    Education (Faculty/Student)    Individual    Restaurant

Please complete applicable information related to the membership category selected.

CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ORGANIZATION/COMPANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ WEB SITE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ E-MAIL (required) \_\_\_\_\_

\* Must provide valid California office phone number and address.

## Membership Payment Information

### Membership Dues Schedule

Select	Type	Annual Dues Investment
<input type="checkbox"/>	Property Management	\$399
<input type="checkbox"/>	Associate/California	\$399
<input type="checkbox"/>	Associate/Out-of-State	\$749
<input type="checkbox"/>	Individual	\$89*
<input type="checkbox"/>	Restaurant	\$100
<input type="checkbox"/>	Education/Faculty/Student	FREE**
<input type="checkbox"/>	Tourism/Hospitality	FREE**

\* Eligible: Those directly affiliated with lodging properties. Proof of affiliation required. Limited CLIA member benefits.

\*\* Limited CLIA member benefits.

TOTAL DUES: \$ \_\_\_\_\_

Enclosed is my check payable to "CLIA"

Charge my:    Visa    MasterCard    AmEx

Acct. No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

Membership Investment is billed annually. Membership is continuous until canceled in writing, and investment is fully earned by CLIA at time of receipt. If membership is in eligible category, upon receipt of dues payment, contact(s) listed above will be emailed a membership packet, which includes user name and password for [www.clia.org](http://www.clia.org). Companies will create member profile online.

For information on CLIA member benefits please visit [www.clia.org](http://www.clia.org) or call 916/925-2915.

### AUTHORIZATION:

I understand that by providing my contact information and signing this form, I consent to receive print and electronic communications sent by or on behalf of CLIA. CLIA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a necessary and ordinary business expense. In accordance with the Omnibus Budget Reconciliation Act of 1993, CLIA reasonably estimates that 16% of your dues are allocable to non-deductible business expenditures. Further information on this tax law should be obtained from your tax advisor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_